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BURGH OF PAISLEY

REPORT

OF THE

Public Health Department

For the Year 1925

BY

G. V. T. M'MICHAEL, M.B., Ch.B., D.P.H.,
Medical Officer of Health

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PAISLEY: ALEXANDER GARDNER, LTD.

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To the Provost, Magistrates, and
Town Councillors of the
Burgh of Paisley.

GENTLEMEN,

I have the honour to submit my Report on the work of the Public Health Department for the year 1925. The first part of the Report consists of a general review of the work of the various branches of the Department; the second part consists mainly of more detailed information and the usual statistical tables and returns.

The Report is submitted in accordance with the requirements of the Scottish Board of Health.

I have the honour to be,

GENTLEMEN,

Your obedient Servant,

G. V. T. M'MICHAEL,
Medical Officer of Health.

PUBLIC HEALTH OFFICE,
PAISLEY, JULY, 1926.

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BURGH OF PAISLEY

Report of the Public Health Department for the Year 1925

PART I.

VITAL STATISTICS.

The Vital Statistics for the year under review are based on the estimate of population laid down by the Registrar-General, who intimated in January, 1926, that he had found it necessary to make an alteration in the method of estimating the population of the sixteen larger burghs of Scotland. Hitherto these estimates had been based solely on housing figures, and had not been adjusted for the general gain or loss of population of Scotland by immigration and emigration. The Registrar-General has now made this adjustment, and I subjoin his revised estimate of the population of Paisley for the years 1922 to 1925, and also the provisional estimate for the year 1926. The Census population of 1921 was returned as 84,837.

Estimated Population.

1922, ...	85,231
1923, ...	85,294
1924, ...	85,221
1925, ...	85,960
1926 (provisional), ...	86,700

According to the above figures, during the four years since the last census—1922 to 1925—the population has only increased by 1,123; the natural increase of the population, *i.e.*, the excess of births over deaths, during the same years was 3,039. Only the next census, due in 1931, will show whether the above estimates are under or over the actual figures. My own estimate of the present population is 90,000; but, as I have already said, all the statistics in this, as in previous reports, will be based on the Registrar-General's figures.

Population.—The population estimated to the middle of 1925 was 85,960; this gives an estimated increase over the figure for 1924 of 739.

Area.—The area of the Burgh is 3,538 acres. The density of population is 24·29 per acre.

Birth Rate.—There were 1,935 births, 1,020 males and 915 females, giving a birth-rate—corrected for transfers—of 22·5; in 1924 the rate was 21·6. This is the first year during the present decade in which an increase in the birth-rate can be recorded. The rate for the whole of Scotland was 21·3, the lowest rate ever recorded, with the exception of those recorded for 1917 and 1918, both of which were affected by war conditions. The average birth-rate for the larger Scottish burghs was 22·7.

Illegitimate Birth Rate.—This rate was 4·5 per cent. of the total births, a fairly low figure. The rate for the whole of Scotland was 6·6, and for the larger burghs, 5·9.

Death Rate.—The number of deaths was 1,138, giving a death-rate—corrected for transfers—of 13·2; this is the third lowest rate on record, and is distinctly below the average rate obtaining since the war.

The rate for the whole of Scotland was 13·4, also the third lowest rate on record, while the rate for the larger burghs was 14·4.

Epidemic respiratory diseases, especially acute pneumonia, were, as usual, the chief factors contributing to the death-rate, and the following table illustrates the effect of such prevalence:

Number of Deaths.

	1923 Death Rate, 11·5.	*1924* Death Rate, 16·1.	*1925* Death Rate, 13·2.
Pneumonia, ...	62	167	117
Bronchitis, ...	41	94	75
Influenza, ...	2	51	17
Measles, ...	8	50	0
Whooping-Cough,	11	75	31
Total, ...	124	437	240

Deaths from respiratory diseases during 1925 thus numbered 240, fully 20 per cent. of the total number; other prominent diseases contributing to the rate were heart disease, 127 deaths; cancer, 103; and pulmonary tuberculosis, 88.

The marked influence of the prevalence of respiratory diseases on the general death-rate is an established fact. The environmental conditions—especially pollution of the atmosphere by smoke—which, in our industrial towns, are the most potent factors contributing to the heavy mortality of these diseases, are just as clearly recognised. Surely there is a heavy responsibility on the Central and Local Authorities responsible for the health of the people if they continue to ignore established facts and fail to take effective action against essentially preventable diseases.

Infantile Mortality Rate.—Deaths under one year—corrected for transfers—amounted to 186, giving a rate of 96 per 1,000 births; the average rate for the previous six years was 100. The rate for the whole of Scotland was 91, the third lowest rate on record; while the average rate for the larger Scottish burghs was 101.

The following table once again illustrates the effect of epidemic respiratory diseases on the mortality among infants.

Number of Deaths.

	1923 Mortality Rate, 66.	*1924* Mortality Rate, 139.	*1925* Mortality Rate, 96.
Pneumonia, ...	14	56	40
Bronchitis, ...	2	11	15
Measles, ...	2	9	0
Whooping-Cough,	5	32	10
Total, ...	23	108	65

Respiratory diseases were therefore responsible for practically one-third of the total deaths among infants.

Diseases of early infancy and malformations account for 85 deaths, a striking argument in favour of effective ante-natal care of the expectant mother.

Tuberculosis Mortality Rate.—The rate for deaths from all forms of tuberculous disease was 1·34, and the phthisis rate was 1·02—figures rather above the average for recent years. The corresponding figure for the whole of Scotland were 1·10 and 0·76, the lowest ever recorded.

Infectious Diseases Rate.—The rate for deaths from the principal infectious diseases was 0·73, a distinctly low figure: the corresponding rate for the whole of Scotland was 0·84, and for the larger Scottish burghs, 1·10.

CONTROL OF INFECTIOUS DISEASES.

A.—Hospitals.

Infectious Diseases Hospital, Bridge Street.—The number of cases remaining in Hospital on 31st December, 1924, was 48; the number admitted during 1925 was 737; giving a total of 785, easily the highest figure for many years. The principal diseases contributing to this total were as follows: Scarlet fever, 270; acute pneumonia, 259; diphtheria, 79; whooping cough, 78.

In previous Reports I have drawn attention to the difficulty of providing proper isolation for all the different diseases for which hospital treatment is now demanded, and the heavy demands on the accommodation during 1925 emphasised that difficulty and added greatly to the problems of administration. Bridge Street Hospital is an old building originally designed to deal only with three diseases, while nowadays it has to provide accommodation for more than double that number; its large wards, in view of the modern knowledge of the modes of the spread of infection, are out-of-date so far as effective isolation of cases is concerned; and the age and nature of the buildings necessitate heavy expenditure on repairs, heating and lighting, etc. A modern Fever Hospital, situated on the outskirts of the town, is undoubtedly one of the problems which will some day have to be faced.

The Matron, Miss Dick, and the nursing staff are to be congratulated on the energy and enthusiasm with which they tackled an exceptionally heavy year's work. I have also to thank Dr. Eva Sturrock, Resident Medical Officer, for the sustained excellence of her work.

Reception House, Bridge Street.—There was no occasion to utilise the accommodation at the Reception House.

Smallpox Hospital.—Cases of smallpox are now treated at the West Renfrewshire Combination Smallpox Hospital, near Johnstone, Gockston Hospital being solely reserved for cases of tuberculosis.

B.—Infectious Diseases.

The total number of cases of infectious diseases—apart from tuberculosis—was 2,291; in 1924 the figure was 2,877. Notifiable diseases accounted for 1,263 cases, of which 564 were cases of acute pneumonia and 305 cases of scarlet fever. There were 1,028 cases of diseases not compulsorily notifiable, including 296 cases of whooping cough. The prevalence was higher than in recent years, and entailed arduous work for the Epidemic Inspector, Mr. Eaglesim, and the epidemic nurse.

Pneumonia.—Total notifications, 564, classified as follows: acute primary pneumonia, 472; acute influenzal pneumonia, 19; acute pneumonia, secondary to other diseases, 73.

345 cases of acute primary pneumonia and influenzal pneumonia were admitted to Hospital, fully 70 per cent. of the total notifications; of these, 236 were treated at the Fever Hospital, 91 in the Royal Alexandra Infirmary, and 18 in Craw Road Institution. Deaths numbered 117, giving a case mortality —for all notified cases—of 23·8 per cent. The case mortality in the Fever Hospital was 15·8 per cent., and in the Royal Alexandra Infirmary, 16·4 per cent., while in the cases treated at home (146) the case mortality was 38·4 per cent. 65 deaths out of the total of 117 occurred in children under 5 years, of which 40 occurred in infants under 1 year.

73 cases of pneumonia, secondary to other diseases, were notified during the year; the great majority of these were cases following on measles and whooping-cough, and compulsory notification, which has been in force since 1922, enables us to get into immediate touch with them and offer institutional treatment.

The figures given above, especially those referring to case mortality, are worth more than a casual glance. Comparison of the mortality figures of hospital cases and of cases treated at home is surely convincing proof of the value of institutional treatment, and striking justification of the policy of the Local

Authority in providing ample accommodation at the Fever Hospital to supplement that provided at the Royal Alexandra Infirmary and Craw Road Institution. There can be no doubt that all cases of pneumonia should be treated in hospital unless the home conditions are such as to command skilled medical and, especially, skilled nursing attention. Institutional treatment is necessarily expensive, but after all the chief aim of preventive medicine is to reduce mortality, and the figures given above surely more than justify the expenditure involved. Paisley is fortunate in having ample hospital accommodation available, and also in having a body of medical practitioners who realise that, with the present housing and economic conditions, the great majority of the cases of pneumonia can only have a fair fighting chance in hospital.

Scarlet Fever.—Cases notified, 305; removed to hospital, 276; there were 8 deaths, giving a case mortality of 2·6. In the autumn the prevalence of this disease rose to a high level, and the high prevalence will certainly continue for some time, as the number of cases for at least ten years has been below the average, and, of necessity, that implies large numbers of susceptible children. Fortunately the great majority of cases were of a mild type.

The percentage of cases removed to hospital was 90, which is the highest figure for several years. I have always been strongly in favour of home treatment of mild cases if isolation can possibly be arranged, but unfortunately the public have got into what may be described as as a "hospital habit" when this disease occurs, and medical practitioners, however willing, frequently fail to convince parents that a two or three weeks' isolation in bed is practically all that is required, and that complications are less likely to occur in mild cases if treated at home.

Diphtheria.—Cases notified, 88; removed to hospital, 86; there were 4 deaths, giving a case mortality of 4·5 per cent. These figure indicate a normal incidence, and a comparatively favourable mortality figure. Like pneumonia, diphtheria demands skilled and constant supervision, and thoroughly justifies the cost of hospital treatment. Early treatment is essential to success, and if parents would only make it a rule to examine the throat of *every* sick child—no matter what the child complained of—many a tragedy would be averted; parents should remember that a diphtheritic throat is very frequently not painful.

Enteric Fever.—15 cases were notified, of whom 14 were removed to hospital. Of these, only 5 were proved by bacteriological investigation to belong to the enteric group of fevers, the causative organism being paratyphosus " B." There were two deaths, one due to paratyphoid fever and one certified as due to enteric fever, the latter death occurring a few hours after admission to hospital, and before a full bacteriological examination could be carried out.

Ophthalmia Neonatorum.—Notifications numbered 44, but the great majority were cases of mild, transient inflammation of the eyes which midwives are required to notify in order to prevent serious cases being missed; 6 of the serious cases showed a gonococcal origin. Serious impairment of vision occurred in one case, treated at home by a medical practitioner, and, in accordance with the regulations, the circumstances of the case were reported to the Scottish Board of Health. This is the first case of serious impairment of vision which has occurred since the year 1918.

Measles.—Only 18 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department, chiefly through the Education Authority. There were no deaths, and only one case was removed to hospital, although accommodation at the Fever Hospital is always available for serious or complicated cases.

Whooping-Cough.—296 cases of this disease—not compulsorily notifiable—came to the notice of the Health Department.

75 complicated cases were treated in hospital. There were 31 deaths, all of children under 5 years, 10 being cases under 1 year; this gives a case mortality of 10·4 per cent.

Erysipelas.—There were 42 cases notified; 15 were treated in hospital; there were no deaths.

Puerperal Fever.—Cases notified, 7; there were 4 cases removed to hospital, and 3 deaths.

Smallpox, Typhus Fever, Cholera, Malaria, Trench Fever, Cerebro-Spinal Fever, Infective Jaundice.—No cases occurred during the year.

Chickenpox.—379 cases came to our notice, chiefly through the Education Authority; the disease is not compulsorily notifiable.

Influenza.—This disease is not notifiable. Its prevalence was comparatively low, as it was responsible for only 17 deaths, compared with 51 in 1924. Accommodation at the Fever Hospital is always available for cases complicated with pneumonia.

Encephalitis Lethargica, Infantile Paralysis, Polio-Encephalitis.—The Scottish Board of Health issued Regulations in December, 1925, making the above diseases compulsorily notifiable. 2 deaths occurred from Encephalitis Lethargica.

Infectious Disease Carriers.—No "carriers" came to the notice of the Health Department during the year.

MUNICIPAL LABORATORY.

Excellent work continues to be carried out in the Bacteriological Laboratory at the Fever Hospital; the total number of examinations set up a record figure, indicating that the medical practitioners fully appreciate the facilities afforded.

I subjoin a table summarising the work done during 1925:

Disease.	No. of Specimens	Positive Results	Negative Results.
Diphtheria, ...	400	46	354
Enteric Fever, ...	6	2	4
Tuberculosis, ...	206	31	175
Venereal Diseases ...	22	2	20
Cerebro-Spinal Fever, ...	4	0	4
Other Diseases, ...	6	1	5
Total, ...	644	82	562

MATERNITY SERVICE AND CHILD WELFARE SCHEME.

Staff.—1 Administrative Medical Officer; 2 Assistant Medical Officers; 5 Health Visitors; 1 Epidemic Nurse for home visitation of cases of infectious diseases in young children. One of the Health Visitors has the special duty of assisting the Epidemio Nurse in the event of epidemics of measles and whooping-cough, while in normal times she is employed in the ordinary work of a Health Visitor.

REVIEW OF THE YEAR'S WORK.

The following account of the work under the Scheme has been prepared in accordance with the special instructions issued by the Scottish Board of Health. To the statistics and other information required by the Board, I have added some comments of my own. I have also thought it advisable to continue the statistical tables published in previous years, and these will be found in Part II. of the Report.

(1) *Infantile Mortality.*

(*a*) Number of deaths (corrected for transfers), ...	186
(*b*) Rate per 1,000 birth (corrected for transfers), ...	96

(*c*) Number of deaths and rates per 1,000 births classified according to age groups and causes of death (not corrected for transfers):

Age Groups.	No. of Deaths.	Rate per 1,000 Births.
Under 1 week, ...	53	26·97
1 week and under 4 weeks, ...	29	14·76
4 weeks and under 3 months, ...	32	16·29
3 months and under 6 months,	39	19·85
6 months and under 12 months,	43	21·88

Causes of Deaths.	No. of Deaths.	Rate per 1,000 Births
Chickenpox,	0	0
Measles,	0	0
Scarlet Fever,	0	0
Whooping-Cough,	10	5·09
Diphtheria and Croup,	0	0
Erysipelas,	0	0
Tuberculous Diseases,	7	3·56
Meningitis (not tuberculous),	3	1·53
Hydrocephalus,	0	0
Convulsions,	5	2·55
Pneumonia (all forms),	36	18·33
Bronchitis,	13	6·62
Diarrhœa and Enteritis,	20	10·18
Other Digestive Diseases,	0	0
Congenital Malformations,	13	6·62
Congenital Heart,	1	0·51
Premature Birth,	32	16·29
Atrophy, Debility, and Marasmus,	46	23·42
Atelectasis,	0	0
Injury at Birth,	0	0
Suffocation, overlaying,	2	1·02
Syphilis,	0	0
All other causes,	8	4·08

Elsewhere in the Report I have commented on the chief factors causing the infantile mortality rate.

(2) *Births.*

(*a*) Number registered (corrected for transfers, 1,935),	1,964
(1) Legitimate,	1,877
(2) Illegitimate,	87
(*b*) Number notified,	1,982
(*c*) Number classified according to nature of attendance:	
(1) Doctor,	712
(2) Midwife,	889
(*d*) Number of still-births,	83

(3) *Maternal Mortality.*

(*a*) Number of deaths resulting from miscarriage or childbirth (including diseases of pregnancy), ...	9
(*b*) Number of deaths resulting from puerperal sepsis,	4

(4) *Report under Midwives (Scotland) Act, 1915.*

This will be found in Part II. of the Report. There are 38 midwives on the local roll, of whom 14 hold the C.M.B. Certificate or its equivalent. 889 births—45·2 per cent. of the total—were conducted solely by midwives.

(5) *Home Visitation.*

(1) Infants:	
(*a*) Number of first visits,...	1,833
(*b*) Number of revisits, ...	9,350
(*c*) Number of infants at age of 6 months:	
(1) Breast fed, ...	1,337
(2) Partially breast fed, ...	91
(3) Artificially fed, ...	295
(*d*) Number of infants born:	
(1) Prematurely, ...	62
(2) At full time, ...	1,816
(2) Children (1-5 years):	
(*a*) Number of first visits, ...	6
(*b*) Number of re-visits, ...	209
(3) Expectant Mothers:	
(*a*) Number of first visits, ...	90
(*b*) Number of re-visits, ...	0
(*c*) Number who consulted a doctor or ante-natal clinic, ...	290

The total of 11,488 home visits is most gratifying, being 3,000 more than the highest figure previously recorded. I should like, however, to see a still higher figure, as in my opinion the educative value of such home visits is the most important single factor in the whole Child Welfare Scheme.

I regret, therefore, the increasing popularity of the Clinics, which necessarily occupy so much of the Health Visitors' time, and it is to be hoped that, with the concentration of the Clinics at the Russell Institute when it is ready for occupation, more time will be available to be devoted to visiting and giving advice in the homes, where a sensible and tactful Health Visitor can do work of real and permanent value.

(6) *Voluntary Health Visitor's Report.*

There are no Voluntary Health Visitors employed. In the course of the year I received from Mrs. Clow, the Secretary and Treasurer of the old Voluntary Health Visitors' Association, the handsome donation of £31 4s. 2½d., representing the balance of their funds, and it is proposed to devote most of this money to assisting necessitous mothers in the provision of clothing for infants and young children.

(7) *Ante-Natal Consultations.*

Number of weekly sessions, 105. Each session lasts about 2 hours.

(*a*) Total number of attendances, ...	1,626
(*b*) Number of first attendances, ...	255
(*c*) Classified summary of conditions found:	
Minor ailments of pregnancy, ...	313
Albuminuria, ...	19
Venereal Disease, ...	2
Hyperemesis gravidarum, ...	3
Cardiac Disease, ...	5
Tuberculosis, ...	8
Still-births and miscarriages, ...	7
Contracted pelvis, ...	22
Pyelitis, ...	14
Exophthalmic goitre, ...	2
Accidental hæmorrhage, ...	1
Placenta prævia and ante-partem hæmorrhage,	8
Gynæcological conditions, ...	11
Anæmia and general debility, ...	10

(*d*) Number of cases—

(1) Referred to ante-natal ward, ...	90
(2) Referred to family doctor, ...	3
(3) Treated at clinics (ante-natal and other clinics), ...	506

The attendances at this Clinic during the year were the highest yet recorded, the best token of appreciation of the work. Dr. Pringle also reports that more and more the mothers, especially the younger ones, are realising the necessity for a complete examination early in pregnancy, in many cases requesting that such should be carried out, whereas a few years ago the mere suggestion was more often than not actively resented. Such a welcome sign may be chiefly attributed, in my opinion, to the educative side of the Maternity and Child Welfare Scheme, and augurs well for the campaign directed towards the reduction of puerperal mortality and morbidity.

(8) *Post-Natal and other Consultations.*

Number of attendances, ...	4,258

These figures refer mainly to nursing mothers attending the various clinics throughout the town. The work done is valuable in the way of assisting mothers to nurse their infants, and the distinct increase in the number of cases of agalactia, *i.e.*, cases of inability to continue breast-feeding, indicates the necessity for it, such cases numbering 296 during the year, compared to 186 in 1924.

(9) *Child Welfare Consultations.*

Number of weekly sessions (4 clinics—7 sessions weekly), 356; duration of each session, 2—2½ hours.

(*a*) Total number of attendances:

(1) Under 1 year of age, ...	7,798
(2) Over 1 year of age, ...	5,187

(*b*) Number of first attendances:

(1) Under 1 year of age, ...	855
(2) Over 1 year of age, ...	488

(*c*) Illnesses recorded:

Respiratory diseases, ...	333
Digestive disorders (including "teething"), ...	300
Prematurity and birth debility, ...	274
Surgical conditions, ...	261
General debility, ...	249
Skin affections, ...	125
Rickets, ...	119
Dental caries, ...	86
Marasmus, ...	73
Intestinal parasites, ...	71
Diseases of ear, nose, and throat, ...	39
Tuberculosis—all varieties, ...	26
Diseases of the eye, ...	19
Syphilis, congenital, ...	5
Mental deficiency, ...	4

The total attendances at these clinics during 1925 again reached a record figure. I should like once again to emphasize that the primary object of this work is to educate and advise parents on the principles and practice of the fundamental laws of hygiene during early childhood. Treatment is only given for minor ailments; in other cases the mothers are instructed to call in their own doctor or are referred to the various hospitals for appropriate treatment—224 children being referred to hospitals during 1925. The illnesses recorded were much the same as in previous years, respiratory diseases as usual occupying the first place on the list. Dr. Pringle also points out that the percentage of children attending for the first time and found to be below normal weight was higher than in previous years—a state of affairs hardly to be wondered at, considering the deplorable economic conditions of a large section of the working classes during recent years.

RICKETS.

The incidence of this disease among the patients at the clinics during the last six years is as follows: 1920, 58; 1921, 69; 1922, 98; 1923, 171; 1924, 180; 1925, 119. The decrease in the number of cases during 1925 is very welcome, each of the previous years having shown an increase. Rickets is essentially a disease of faulty nutrition and faulty environment, but, with the spread of the newer knowledge regarding food and diets, and with the valuable aid of treatment by "Artificial Sunlight," there appears to be a reasonable prospect of steady progress in the future.

I subjoin an interesting and instructive report on the 119 cases seen at the clinics during the year:

Report on Cases of Rickets during 1925.

	Early Cases (35).	Late Cases (84).
(1) *Age Incidence.*		
6 to 9 months, ...	3	0
9 to 12 months, ...	4	5
12 to 15 months, ...	8	7
15 to 18 months, ...	5	8
18 months to 2 years, ...	15	13
2 years to 2½ years, ...	0	20
2½ years to 3 years, ...	0	14
3 years to 5 years, ...	0	17
(2) *Modes of Feeding.*		
Breast fed at birth, ...	17	59
Breast and bottle at birth, ...	6	7
Bottle fed at birth, ...	12	18
Breast fed babies weaned earlier than 3rd month, ...	2	8
Breast fed babies weaned earlier than 6th month, ...	4	3
Breast fed babies weaned between 9th and 12th month, ...	14	21
Breast fed babies weaned after 12th month, ...	15	27

(3) *Question of Employment of Husband.*

	Early Cases (35).	Late Cases (84).
Husband in steady employment, ...	13	29
Husband on short time, ...	5	10
Husband unemployed less than 1 year, ...	8	30
Husband unemployed more than 1 year, ...	1	2
Husband unemployed more than 2 years, ...	3	8
Husband unemployed more than 3 years, ...	2	1
Husband unemployed more than 4 years, ...	3	4

(4) *Housing Accommodation.*

	Early Cases (35).	Late Cases (84).
Lodgings, ...	8	11
1-apartment houses, ...	12	31
2-apartment houses, ...	15	38
3-apartment houses, ...	0	4

(10) *Special Treatment Centres.*

(1) Dental Clinic:

(*a*) Number of attendances, ... 1,100

  (1) Mothers, ... 0

  (2) Children, ... 1,100

(*b*) Classified summary of conditions found:

  (1) Dental caries and septic mouths; treated mainly by dressings.

  (2) Alveolar abscesses; treated mainly by extraction.

  (3) Retarded eruption of teeth in babies; relieved by lancing.

(*c*) Number of dentures supplied, ... 0

Further statistics will be found in Part II. of the Report. The work done is very necessary, and, as it develops, will undoubtedly save much of the time and money presently spent on the dental treatment of school children.

(2) Eyes.

(*a*) Number of cases, ...	19
(*b*) Classified summary of conditions remedied:	
(1) Acute conjunctivitis, ...	8
(2) Hordeolum, ...	4
(3) Blepharitis, ...	4
(4) Congenital cataract, ...	3

(3) Ear, Nose, and Throat.

(*a*) Number of cases, ...	39
(*b*) Classified summary of conditions:	
(1) Rhinitis and Oozena, ...	7
(2) Nasal Polypus, ...	1
(3) Otorrhœa, ...	14
(4) Acute mastoiditis, ...	1
(5) Enlarged tonsils and adenoids, ...	16

(4) Provision of Insulin:

No applications were received.

(11) *Day Nurseries, Kindergartens, and Play-Centres.*

There is a well-equipped and well-conducted institution, the Hugh Smiley Day Nursery; it is a voluntary institution, managed by a committee of local ladies. The Nursery does excellent work, and admirably fills a gap in the activities of the Local Authority.

(12) *Provision of Food and Milk.*

(*a*) Number of applications for food or milk:	
(1) Mothers, ...	70
(2) Children, ...	647
(*b*) Number of cases certified on medical grounds as requiring food or milk:	
(1) Mothers, ...	68
(2) Children, ...	634
(*c*) Number of cases under (*b*) certified as necessitous:	
(1) Mothers, ...	59
(2) Children, ...	608

(*d*) Gross cost, ...	£264 17 4½
Sums recovered, ...	£0 0 0

(*e*) Information as to supply of milk substitutes:

Apart from Virol, no substitutes are used; the cost of Virol during the year was, ...	£130 0 0

The cost of dinners to mothers and milk to children under 2 years was about £4 less than last year; 15 applications were rejected. As in former years, I have to record a generous donation of £20 from the Peter Brough Bequest Fund, and the money was again expended on material for baby clothing to help deserving mothers in necessitous circumstances.

(13) *Measles.*

(*a*) Number of cases notified, ...	18
Notification is not in force, and the great majority of cases come to our knowledge through the Education Authority.	
(*b*) Number of deaths, ...	0
(*c*) Number of cases removed to hospital, ...	1
(*d*) Number of special domiciliary visits, ...	24

(*e*) Details of special staff, if any, engaged for epidemics:

An additional Health Visitor was appointed in 1924 who, during epidemics, will devote her whole time to home visitation.

(14) *Whooping-Cough.*

(*a*) Number of cases notified (not compulsorily notifiable), ...	296
(*b*) Number of deaths, ...	31
(1) From whooping-cough, ...	0
(2) From complications and sequelae, ...	31
(*c*) Number of cases removed to hospital, ...	75
(*d*) Number of special domiciliary visits, ...	420

(*e*) Special staff: see note under "Measles."

(15) *Ophthalmia Neonatorum.*

(*a*) Number of cases notified:	
(1) By doctor, ...	5
(2) By midwife, ...	39
(3) By institution, ...	0
(*b*) Number of cases in which infection is gonococcal,	6
(*c*) Number treated in residential institutions, ...	0
(*d*) Number of cases in which there was appreciable loss of vision, ...	1

I regret very much that I have for the first time to record a case in which there was appreciable loss of vision. The case was one occurring in the practice of a medical practitioner, who undertook the responsibility of treating the case at home; shortly after the loss of vision had occurred, the infant died from gastro-enteritis. In accordance with the Regulations, I duly reported the case to the Scottish Board of Health, who sent one of their Medical Officers to investigate the circumstances.

(16) *Epidemic Diarrhœa.*

No special measures were considered necessary; the Health Visitors in their routine work are constantly impressing on mothers the great importance of cleanliness as regards the food and feeding utensils of young children.

Barshaw Maternity and Child Welfare Hospital.

A very full detailed record of the year's work, including the statistical and clinical data required by the Scottish Board of Health has been prepared by Dr. Janet Higgins, Resident Medical Officer, and will be found in Part II. of the Report; medical practitioners will find the full clinical details given of special interest. Here I need only refer to a few of the principal figures, and comment briefly on the year's work.

Maternity Wards.

	1922	*1923*	*1924*	*1925*
Number of admissions, ...	233	311	377	457
Ante-natal, ...	83	98	124	168
In labour, ...	147	211	228	246
Post-natal, ...	3	2	5	1
Abortions, ...	11	8	20	42

Of the total admissions, 192 were sent to hospital by medical practitioners, while 262 were referred from the ante-natal clinic.

As will be seen from the above table, each year has shown a steady increase in the number of admissions, and there can be no doubt now that the accommodation originally reserved for maternity cases is inadequate. Several factors account for this, the chief one, in my opinion, being the steadily growing demand of the public for every form of institutional treatment; the old, instinctive dislike of hospitals has now practically entirely disappeared, and it is getting more and more difficult to cope with the ever-increasing demand for accommodation for all kinds of diseases. In view of the present deplorable housing conditions, this attitude is entirely welcome, but of necessity it entails increased responsibilities for the public bodies who direct the affairs of our hospitals and infirmaries. This demand for hospital treatment of every kind will undoubtedly steadily increase, and some form of co-ordination between the various responsible authorities is urgently required. Another factor, responsible to a minor extent for the record number of cases, is a distinct increase in the number of cases from the surrounding County districts and smaller Burghs. This also is a welcome sign, as it is most desirable, to my mind, to centralize, as far as possible, such necessarily expensive institutions as Maternity Hospitals undoubtedly are. Barshaw, in my opinion, makes an ideal County Maternity Hospital, and in the near future, I imagine similar institutions will be set up in most of our counties.

The steady development of the work in the Ante-natal Ward is particularly gratifying, the number of admissions last year being double those of 1922, the first year of the Hospital. As I have said before, the most valuable feature of the work, in my opinion, is the resultant reduction of the distressing morbidity following childbirth which makes chronic invalids of so many young mothers. The success of the ante-natal clinic is largely due to the fact that hospital treatment for diseases of pregnancy is always available at Barshaw.

The number of abortions treated was double the highest number previously recorded. Every effort is made to accommodate such cases, but one or two beds must always be reserved for complicated confinements; cases of abortion, therefore, have sometimes to be refused, but the Royal Alexandra Infirmary have kindly agreed to admit such cases if no accommodation at Barshaw is available.

The number of confinements was 333, as against 296 in 1924; of these, there were 134 normal deliveries without medical assistance, 113 normal deliveries requiring some form of medical assistance, and 86 classified as complicated or abnormal deliveries. There were 27 still births, as against 26 in 1924. Maternal deaths numbered 6; the causes were toxaemia of pregnancy, puerperal septicæmia, lobar pneumonia, cerebral haemorrhage following on chronic nephritis, eclampsia, and accidental haemorrhage.

Dr. James Hendry, Consultant Obstetric Surgeon, was called in on 49 occasions, as follows: 18, consultations; 16, consultations with minor operations; and 15, consultations with major operations.

Towards the end of the year, the Matron, Miss L. M. Fergusson, resigned her post, and was succeeded by Miss Lang, who for fully two years had been senior sister. Miss Lang, by her efficient and economical administration, has already justified her choice. The employment of pupil midwives has proved very successful; they are keener and much more efficient than the probationers whom they replaced. The increased length of training now required for the C.M.B. Certificate may, however, make it more difficult to secure suitable applicants.

Children's Wards.

The number of admissions reached the record figure of 243, of which 78 were medical cases and 165 surgical cases; the admissions in 1924 were 201. Of the total, 36·2 per cent. were infants under 1 year; 23 per cent. between 1 and 3 years; and 40·8 per cent. between 3 and 5 years. The average duration of residence was 39·5 days for the medical cases and 8·2 days for the surgical cases. There were 14 deaths, 13 of which occured in the medical wards, 12 being cases of marasmus.

Of the 76 medical admissions, 32 were cases of marasmus, *i.e.*, marked wasting and debility, due in most cases to inability to assimilate ordinary food; 11 cases of rickets were also treated.

The work of the surgical wards showed an increase, 306 operations, chiefly of a minor nature, being performed, as compared with 244 in 1924 and 204 in 1923; 159 "indoor cases" were operated on, while "out-door cases" numbered 147. "Out-door cases" are not actually admitted to hospital, but are brought up early in the morning, operated on in the forenoon, and sent home between 4 and 5 p.m. There can be no question of the value of this surgical work, as it prevents the long delay which previously occurred owing to the larger general hospitals being overburdened with more serious cases, while the development of the "out-door" department makes for economy. Apart from the operations, the "out-door" cases involved 143 consultations, either with Dr. Higgins or with Dr. Hutton, the surgical specialist. 100 cases of tonsils and adenoids were operated on; these cases are detained on an average 5—6 days.

Contributions of Patients toward Cost of Treatment.

Patients treated in the Maternity Wards are required to contribute according to their household income; the great majority of these patients receive £2 as maternity benefit. During 1925 £670 was collected, compared with £616 during 1924, and £495 during 1923. I subjoin a table showing the scale of contributions.

Scale of Fees for Maternity Cases in Barshaw Hospital.

(1) Cases under "Necessitous Scale" with no Maternity Benefit—No charge.

(2) Cases under "Necessitous Scale" with Maternity Benefit—15s. per week.

(3) Non-necessitous cases under 40s. (weekly income), *plus* Maternity Benefit—£1 per week.

(4) Non-necessitous cases between 40s. and 50s., *plus* Maternity Benefit—£1 5s. per week.

(5) Non-necessitous cases between 50s. and 60s., *plus* Maternity Benefit—£1 10s. per week.

(6) Non-necessitous cases above 60s., *plus* Maternity Benefit—£2 and upwards per week.

Present scale of "Necessity," 9s. per adult and 6s. per child.

(20) *Convalescent Homes.*

During the year, 4 children received treatment in the Biggart Memorial Home, Prestwick, the average duration of residence being 148 days; a few weeks' residence in the country is undoubtedly the best and most economical way of dealing with the early stages of disease, especially in children.

(18) *Homes for Unmarried Mothers before and after Confinement.*

(21) *Boarding-out.*

(22) *Home Helps.*

(23) *Educational.*

(24) *Note of Agencies, not referred to above, associated with Scheme.*

(25) *Other Provisions.*

The scheme of the Local Authority does not include arrangements covered by any of the above branches of maternity and child welfare work.

Russell Institute for Mothers and Children.

In a previous Report, I dealt fully with the origin and scope of this great project, which will enable all the numerous clinics —Child Welfare, Tuberculosis, and School Medical—to be concentrated under one roof. Building operations have proceeded steadily, and it is expected that occupancy will be given during the autumn of 1926.

The tragic death of Miss Russell, the generous donor of this unique gift, has been deplored by every one of her fellow-citizens; the Institute, however, will always remain as a permanent memorial to her foresight and vision.

Once again I have to record my sincere thanks to the medical and nursing staff, who have set up a new record of work during the year. Special thanks are due to Dr. Pringle and Dr. Higgins for the inspiring lead given to their respective staffs.

PREVENTION AND CONTROL OF TUBERCULOSIS.

Incidence of the Disease.

The principal statistics for the year are as follows:

Pulmonary Tuberculosis.—At the beginning of the year there were 543 cases under observation; 117 cases were notified during the year; there were 88 deaths. At the end of the year 505 cases remained under observation. 74 cases were removed to hospital.

The phthisis death-rate for the year was 1·02 per thousand.

Non-Pulmonary Tuberculosis.—At the beginning of the year there were 503 cases under observation; 80 cases were notified during the year; there were 27 deaths. At the end of the year 486 cases remained under observation. 24 cases were removed to hospital.

The death-rate for all forms of tuberculosis was 1·34 per thousand—an average figure.

Age Incidence of Cases notified during 1925.

Age Periods.	Pulmonary.	Non-Pulmonary.
Under 1 year, ...	2	10
1 to 5 years, ...	8	27
5 to 15 years, ...	9	19
15 to 25 years, ...	30	12
25 to 45 years, ...	55	11
45 to 65 years, ...	13	1
Over 65 years, ...	0	0

Notifications of non-pulmonary tuberculosis may be classified as follows, according to the localisation of the principal lesion at the time of notification:

Glands, ...	16
Abdomen, ...	16
Meninges, ...	12
Bones, ...	10
Joints, ...	8
Eyes, ...	6
Generalized, ...	5
Spine, ...	4
Genito-urinary, ...	2
Skin, ...	1

As regards occupations, the principal figures are as follows:

Houseworkers, ...	25
Labourers, ...	24
Scholars, ...	21
Threadworkers, ...	17
Engineers, ...	5

The following table shows the relation of the housing and economic factors to the incidence of 161 cases notified and investigated during the year.

Houses.	No. of Cases.	Percentage of Total Cases.	Average No. of Inmates.	Weekly Household Income.		
				Under £2	Between £2 and £3	Over £3
1 Apartment, ...	28	17·4	4·2	6	16	6
2 Apartments, ...	100	62·1	5·9	7	32	61
3 Apartments, ...	25	15·5	6·9	2	3	20
Over 3 Apartments,	8	5·0	5·8	...	1	7

Extra-burghal cases, institutional cases, etc., numbered 36.

Investigation was also made regarding the sleeping accommodation of 175 cases notified during the year, and the result may be summarised as follows:

(1) At the time of notification, 98 cases shared a bed.

(2) At the time of notification, 58 cases occupied a bed alone, but shared a room.

(3) At the time of notification, 29 cases were the sole occupants of a room.

The figures given above speak for themselves and require no particular comment. The root causes of tuberculosis—under-nutrition, bad housing and over-crowding, impure milk, and atmospheric pollution—must be kept constantly in mind if any real measures of success against the disease is to be attained.

Scope of the Present Scheme.

Staff.—Chief Tuberculosis Officer, 1 Assistant Tuberculosis Officer, 1 Tuberculosis Nurse.

The work carried out during the year may be reviewed under three headings:

(1) Domiciliary Treatment.
(2) Dispensary Treatment.
(3) Institutional Treatment.

Domiciliary Treatment.—Effective home treatment is usually very difficult to arrange, as proper isolation of the patient can seldom be obtained in one or two-apartment houses, and these, of course, form the great majority of the total number. The Tuberculosis Nurse visits the homes regularly, and advises as to the best means of caring for the patients and preventing the spread of infection; she also makes any necessary arrangements for disinfection of clothing, bedding, etc. Beds are loaned out, where necessary, so as to ensure " bed " isolation, if not " room " isolation. Necessitous cases also receive weekly allowances of eggs, milk, butter, etc., 26 cases receiving help in this way during 1925. This is the highest number yet assisted, due, of course, to the bad economic conditions still prevalent.

Expenditure on such allowances for home cases would be very much larger but for the great assistance given by certain voluntary agencies whose funds are available for helping cases of tuberculosis; Paisley is quite exceptionally fortunate in this respect. These agencies are (1) the James Clark Bequest Fund, administered by the Royal Alexandra Infirmary Committee of Management. This fund gives weekly money grants to supplement the family income where cases are treated at home, and in this way 39 cases received assistance during 1925. (2) The Renfrewshire Memorial to the late King Edward, where funds are devoted to the welfare of tuberculosis patients throughout the whole County area. As in previous years, Paisley's share of the funds was mainly devoted to payments of rents, 11 patients being assisted in this way during the year; further, 4 cases were provided with clothing to enable them to enter the Sanatorium or to secure employment, 1 case received dental treatment, 1 case received a weekly allowance of provisions, and 1 case of hip-joint disease was provided with crutches and special boots. Fully £200 was spent in these various ways. (3) The United Services' Fund gives assistance in the case of ex-service men suffering from tuberculosis where it has been decided that the illness is neither attributable to nor aggravated by war service, and where, therefore, no pension is granted. This fund gives assistance in various ways, most usefully, perhaps, by giving weekly allowances to help to maintain the dependants of cases receiving institutional treatment: at least £150 was granted from this fund during 1925 to tuberculous ex-service men.

There can be no question of the benefits, both to the individual and to the community, of the assistance given by these voluntary agencies. It enables cases requiring institutional treatment to enter and remain in the Sanatorium with easy minds, knowing that their families will be assisted in their absence. It subsidises the income of ex-sanatorium cases who are not fit to earn full wages, and thus undoubtedly prevents many relapses. Further, it is very useful in those cases, unfit for work, who are being treated at home, as it helps greatly to provide the somewhat expensive diet which is necessary.

Finally, I should like to point out that all applications for assistance from these various agencies are most carefully investigated, and only deserving cases are recommended.

Dispensary Treatment.—The Municipal Dispensary in Bridge Street is open on Tuesday and Friday of each week, each session lasting about two hours. I subjoin a table giving the principal figures relating to the work done during the last four years:—

	1922	*1923*	*1924*	*1925*
Total attendances, ...	2,459	2,440	2,356	2,247
Average monthly attendances,	205	203	196	187
Primary consultations, ...	185	148	126	106

Of the new cases, 57 came to the Dispensary of their own accord, 18 were referred by medical practitioners, 13 by the Public Health Staff, 3 by the School Medical Staff, while 15 were patients discharged from Gockston Hospital and Craw Road Sanatorium. The decline in the number of primary consultations is due to the growing habit of medical practitioners sending suspicious cases to see me at the Public Health Office rather than to the Dispensary.

The Dispensary continues to be the best centre for observation and diagnosis of early cases, and it also serves a most useful purpose in enabling us to maintain regular medical supervision of ex-sanatorium patients.

Institutional Treatment.—The routine practice, in practically all newly-notified cases, is to offer institutional treatment. Whatever the type of disease, early or advanced, residence in a sanatorium, for even a few weeks, does at least suffice to teach patients how to look after themselves at home, and how to safeguard others from infection. At present, there is no alternative to hospital and sanatorium treatment, which offers the only hope of arresting the disease in the great majority of cases; and public opinion will not tolerate a purely passive attitude to sufferers from this scourge.

Far too many cases are still not notified until the disease is too advanced for any hope of success in treatment; I subjoin a table showing the interval which elapsed between notification and death in 88 cases of pulmonary tuberculosis who died during 1925:

Notification first received from the Registrar of Deaths, ...	8
Number of deaths occurring within 1 month of notification,	16
,, between 1 and 3 months of notification,	11
,, between 3 and 6 months of notification,	13
,, between 6 and 9 months of notification,	4

In the remaining 36 cases, the interval between notification and death was over nine months.

INSTITUTIONAL ACCOMMODATION AVAILABLE FOR PAISLEY CASES.

Gockston Hospital.—26 beds under the control of the Local Authority. This hospital serves the very useful purpose of a "clearing house," where cases are kept under observation for varying periods until a final decision as to the form of treatment required can be made. Early cases are then sent to Bridge of Weir if accommodation there is available. Chronic cases are sent home to attend the Tuberculosis Dispensary, while others are detained for treatment or for the purpose of isolation.

The principal figures for 1925 are as follows:

In hospital at beginning of year,	22—10 males, 12 females.
Admitted during the year, ...	60—34 males, 26 females.
Deaths during the year, ...	21— 8 males, 13 females.

Craw Road Institution.—30 beds under the control of the Parish Council:

In hospital at beginning of year,	23—16 males, 7 females.
Admitted during the year, ...	32—20 males, 12 females.
Deaths during the year, ...	10— 7 males, 3 females.

This hospital is the only place to which we can send cases of surgical tuberculosis; part of the accommodation there, however, must necessarily be reserved for Parish cases of the pulmonary type, so that the surgical cases—practically all young children—have to wait for admission for several weeks or longer, and such a delay of course militates very much against the chance of successful treatment.

Bridge of Weir Sanatorium.—Under voluntary control:

In hospital at beginning of year,	8—	6 males,	2 females.
Admitted during the year, ...	6—	5 males,	1 female.
Deaths during the year, ...	0—	0 males,	0 females.

Here again, owing to the keen demand from all parts of Scotland for vacant beds, patients have frequently to wait a long time before securing admission; at the present time I have 2 male patients who have been waiting for fully four months. Only carefully selected "early" cases are sent, and the results are almost invariably satisfactory.

Biggart Memorial Home, Prestwick.—Under voluntary control. 4 cases, requiring open-air treatment and proper feeding in order to prevent the development of active disease, were sent to this institution.

Peesweep Sanatorium.—This is maintained by the Thread Mills for the benefit of their female employees. The available accommodation is practically always fully utilised. 8 new cases were admitted during 1925.

Proposed Joint County Sanatorium.—Towards the end of 1925, it was remitted to the Architects and Medical Officers to prepare new plans for this project; this has been done, and the estimated cost for a Sanatorium of 110 beds is £76,000. It is to be hoped that the combining Authorities will decide to proceed at an early date. As I have repeatedly pointed out, there is in Paisley no definite provision for sanatorium treatment proper beyond the chance of a few beds in Bridge of Weir; further, there is a distinct lack of beds for pulmonary cases among children, and, beyond a few beds in Craw Road Sanatorium, no provision for cases of surgical tuberculosis. A modern County Sanatorium would make good these deficiencies and make our present expenditure on tuberculosis much more profitable.

Thanks are again due to the Tuberculosis Staff for all their good work throughout the year.

VENEREAL DISEASES SCHEME.

The scheme of the Local Authority came into operation in October, 1922.

The principal features are as follows:

(1) *Facilities for Laboratory Diagnosis.*—Wassermann tests are carried out at the Municipal Laboratory, Glasgow, while the rest of the bacteriological work is done at the Clinic, Craw Road.

(2) *Supplies of Salvarsan, etc.*, are available free of charge for the use of duly qualified medical practitioners.

(3) *Clinic for Out-door Cases.*

(4) *Ward Accommodation in Craw Road Hospital.*

(5) *Educational and Publicity Campaign.*

Laboratory Diagnosis.—During the year, 358 specimens were sent to Glasgow for the Wassermann test; of that total, 221 specimens came from the Municipal Clinic and 137 from medical practitioners. The staff at the clinic examined 476 specimens, while 22 specimens were examined at the Laboratory at the Fever Hospital.

Supplies of Salvarsan, etc., to Medical Practitioners.—131 doses were supplied during the year to 7 medical practitioners.

Municipal Clinic for Out-door Cases.

The Clinic is situated in the grounds of Craw Road Hospital, but is owned and controlled by the Local Authority. The staff consists of a part-time Clinical Medical Officer—Dr. Hugh Donald—1 whole-time male orderly, a part-time clerk, and two part-time nurses for attendance on female patients.

Tho Medical Officer consults three days a week, while the Clinic is open every day for irrigations, dressings, etc.

I subjoin a tabular statement of the principal statistics for 1925:

		Syphilis.	Gonorrhœa.	Soft Sore.	Mixed Infection.	Balanitis.	Other Diseases.
(1) *No. of new cases*, 249							
Males,	-	35	91	2	...	4	81
Females,	-	16	6	...	1	...	13
Total,	-	51	97	2	1	4	94
(2) *Total attendances*, 10,904							
Males,	-	1,478	7,466	23	277	46	377
Females,	-	523	562	...	113	...	39
Total,	-	2,001	8,028	23	390	46	416

(3) *Average daily attendances*, 30·5.

(4) *Cases from outwith Paisley*, 72.

Johnstone, 16; Renfrew, 15; Greenock, 9; Barrhead, 8; Elderslie, 4; Glasgow, 3; Corkerhill, Barskiven, 2; 1 each from Dumbarton, Houston, Glengarnock, Linwood, Newton Mearns, Cardonald, Inkermann, Dalmuir, Edinburgh, Neilston, Clydebank, Brookfield, Nitshill.

(5) *Laboratory Work.*

Specimens examined by staff of Clinic, ...	476
Specimens sent to Glasgow, ...	178
Total, ...	654

The above figures show that during the year under review a record amount of work was carried out. New cases showed an increase of 19 on the previous year. Total attendances were fully 2,000 more, and the average daily attendance—certainly the fairest test of the work—was 30·5, compared with 24 in 1924, and 21 in 1923.

Hospital Accommodation for Indoor Cases.

A ward of 13 beds is available in Craw Road Hospital, 4 of the beds being reserved for patients from Greenock; the Parish Council is responsible for maintenance and treatment, the cost being refunded by the Local Authority.

During 1925, 59 cases received treatment—a record number—35 of whom were Paisley cases; Greenock (13), Renfrew (5), Johnstone (3), Barrhead (1), Newton-Mearns (1), and Oldhall (1), made up the total.

Report by the Clinical Medical Officer.

I have much pleasure in submitting below an interesting review of the work done at the Clinic since it was opened, which Dr. Donald, the Clinical Medical Officer, has been good enough to prepare. The Report speaks for itself, and requires little comment; it deserves to be read, especially by members of the Local Authority, so that they may understand and appreciate more fully the nature and extent of the work at the Craw Road Clinic. Right through the Report, stress is rightly laid on the great importance of early treatment; practically speaking, a definite cure can be guaranteed if patients apply in the early stages of syphilis and gonorrhoea and continue under treatment until the Medical Officer is satisfied. The tests of cure are strict,—rightly so, as the whole future of the patient and, if he is married, of his wife and children, may depend on their accuracy. Perhaps the most interesting—and the most welcome—point brought out by Dr. Donald is the striking success which attends the treatment of syphilis in pregnant women; treatment results in the birth of apparently quite healthy children, where before there was the miserable history of miscarriages, still-births, or weakly children stamped with the stigma of syphilis. The number of patients who have failed to continue treatment until cured is, of course, an unfortunate feature, but the figures will compare not unfavourably with similar figures in other areas. New administrative machinery—in the shape of some form of compulsory notification, with powers to ensure compulsory treatment of infectious cases—is clearly necessary if anything like full value is to be obtained from the expenditure involved in the present-day schemes.

I have again to record sincere thanks to Dr. Donald and his staff for all their good work, as well as my continued indebtedness to the Governor, the Matron, and other officials at Craw Road Institution, for their helpful co-operation.

VENEREAL DISEASES CLINIC.

REPORT BY THE CLINICAL MEDICAL OFFICER.

The Report covers the period from the date of opening, October, 1922, to 31st December, 1925.

	Syphilis.	Gonorrhœa.	Soft Sore.	Mixed Infection.	Balanitis.	Other Diseases.	Total.
Number of Cases, -	213	397	23	16	40	166	855
Percentage of Diseases, -	25 %	47 %		9 %		19 %	

Average daily attendance, ...	24
Average attendance on clinical nights, ...	20
Number of patients treated in the Indoor Wards, ...	146
Number of patients who have failed to continue treatment, from date of opening to 15th May, 1925, ...	211

SYPHILIS IN MEN.

Stages of Disease when Patients report—

1. *Primary Stage.*—All the cases shewing a primary syphilitic lesion do extremely well if they attend regularly. Very few come here, however, before their blood shews a positive Wassermann reaction. All the cases of this group shew a negative reaction after one or two courses of treatment. Such cases are rested for three months, then their blood is re-examined, and if still negative, as it usually is, they are rested and tested every three months until two years at least have elapsed from their first negative reaction. Then, and only then, can any assurance be given of cure or, at any rate, of safety in marriage. A few cases are quoted below by way of example of the benefit of coming early and carrying out the treatment faithfully:

No. 159. The date of infection of this patient was very uncertain, but he came here with a typical primary sore containing numerous spirochaetae pallidae. After the first two courses of treatment, his blood was still double positive. The third course produced a negative reaction. He is tested every three months, and keeps negative.

No. 199. This patient came two months after the date of infection with a primary sore, a double positive blood, and spirochaetes. After one course of treatment his blood was negative. He received a second course, when the blood reaction was still negative, and it remains so.

No. 261. Reported one month after infection. The sore contained spirochaetes, and the blood became negative after one course. It is still negative.

No. 371. Reported six months after infection. He shewed a hard chancre and inguinal adenitis. His blood was double positive, and spirochaetes were numerous. The Wassermann reaction became negative after one course.

Such cases are typical.

2. *Secondary Stage.*—Patients suffering from this stage report much later after infection. They all shew some of the varied symptoms of secondary syphilis. The results of regular treatment in such cases are excellent, as shewn in the following few examples:

No. 181. Infected one year ago. Shewed mucous patches on the throat. inflamed tonsils, and general glandular enlargement. His blood was double positive. After two courses of "914," it was still double positive. After the third course, negative; after the fourth, negative. He is tested every three months, and has remained negative.

No. 357. The infection in this case also was one year old. He shewed a rash all over the body. The W. R. was double positive. After two courses it was still double positive; after the third, single positive; after the fourth, doubtful; and after the fifth, negative.

No. 530. Infected six months ago. He shewed mucous patches, a papular rash on the legs, and a double positive blood, which became negative after one course. Tests every three months shew that the blood is still negative.

No. 559. Infected 4 weeks ago. The patient shewed a primary chancre, a fading macular rash, inflamed tonsils, and his voice was very husky. W. R. double positive. After his first course, the blood improved to single positive, but as his attendance has been irregular, it is still positive.

No. 581. The lesions this patient shewed were as follows: Primary sore, condylomata, great inflammation of the throat, accompanied by extreme huskiness of voice. Spirochaetes numerous, and blood double positive. He improved on treatment, but relapsed owing to irregular attendance.

No. 697. He had inguinal adenitis, macular body rash, congested throat, and a double positive blood. After his second course his blood improved to single positive. He is now on his third course.

It will thus be seen that these cases do well, but the improvement is less rapid than in primary cases. Although the blood takes longer to recover, the lesions soon clear up on efficient treatment, and have quite disappeared before the end of the first course.

3. *Later Stages* (including tertiary and the so-called parasyphilitic stages).—These patients have been infected for many years. Some of them come with visible lesions, which soon disappear on treatment. Others come because they know of an old infection and wish to be treated. In all of them, however, it is a tedious job to get the blood negative, and the best to be hoped for it to keep them fit, and prevent the possible development of dangerous complications. There is no doubt that many of them are able to work solely because of this treatment, as many put on weight and have a sense of physical well-being they have lacked for years.

No 20. He was infected seven years ago, and came here in 1922. After regular treatment his blood has definitely improved. It is now doubtful.

No. 83. He was infected in 1914. He is now on his ninth course, but his blood is still double positive.

No. 238. This man had syphilitic cerebral thrombosis, syphilitic psoriasis, and locomotor ataxia. His blood has remained double positive. He has failed to attend since January last, when he was in very poor health.

No. 319. Infected in 1915. Came with a fissured tongue and leukoplakia. He is now on his eighth course, but the W. R. is double positive. The tongue is healed.

No. 365. The infection was 35 years old. He came with epithelioma of the tongue and lower lip, a result in his case of syphilis. He was operated on in January, 1924, but died 10 months later.

No. 396. Infected 5 years ago. After fifth course the W. R. is single positive.

No. 471. This patient, aged 33 years, developed a left-sided hemiplegia. The infection was 8 years old. His blood was double positive, but became single positive after his second course. After the third course, there was a further improvement. He is now on his fourth course.

No. 608. This patient was infected 44 years ago. He remembers a slight abrasion of the penis at that time, and was perfectly healthy till recently, when he developed a gumma in one buttock. He has attended regularly, and after his third course his blood is single positive.

No. 610. He was infected 20 years ago. His blood is single positive after the 4th course.

No. 668. Infection of 7 years' duration. He shewed on arrival inguinal adenitis, perforation of the soft palate, and inflammation of the tonsils. His blood was double positive. After one course it improved to single positive; after the second became negative. He is now on his third course. The perforation healed after the fourth injection.

No. 813. He came with numerous deep tertiary ulcers, which were discharging foul-smelling matter. The site was over the sacrum and buttocks. His infection is 8 years old. Under treatment the lesions healed up very rapidly.

Congenital Syphilis.—We have a few young boys attending. Two of them came practically blind from interstitial keratitis, and have improved considerably. They have all developed into sturdy children, and most of them attend the ordinary day schools.

SYPHILIS IN WOMEN.

The results of treatment are very striking amongst women who attend the clinic. Many of them attend with no signs of active syphilis, but with a history of repeated miscarriages and still-births. After treatment, even if it is started during pregnancy, they have given birth to apparently healthy children. Both mother and child are subjected to further treatment, so preventing the development of the signs of congenital syphilis in the child. The following cases are quoted as examples:

No. 4. This patient had 4 still-born premature children before attending the clinic. After a little treatment, she failed to attend for 2 years, during which time she had a full-time child which lived for 2 weeks. After treatment was recommenced, she gave birth to a healthy child weighing 6 lbs., and her blood has since become negative.

No. 517. This patient had 1 living child and 2 still-births before coming for treatment. After 6 months' treatment she gave birth to a full-time apparently healthy child which weighed 9 lbs. at 3 weeks old. Since then her blood has become negative. and another pregnancy is progessing normally.

No. 596. In this case there was a history of untreated syphilis 14 years before her attendance at the clinic. Treatment. started during her first pregnancy, resulted in the birth of a healthy child. and. after further treatment, she has given birth to another healthy child, although her blood reaction is still positive.

No. 478. This patient had a premature child, which soon died. After treatment she has had two healthy children, the first weighing 7 lbs. at birth, and the second 10 lbs. at 5 weeks. She is still attending, with a positive blood reaction.

No. 30. This is one of the few cases who have not persisted with the treatment. She gave a history of having 3 still-born children and 2 who died shortly after birth. Her blood reaction was positive.

The following is an example of the congenital type of case where the disease has not been detected sufficiently early in mother and child:

No. 640. A girl, aged 12. The patient had discharging glands in the neck, an old inflammatory condition of the eyes, and a degree of deafness. After one year's treatment, the neck, which had been operated on repeatedly, is healed completely, and the progress to deafness and blindness, which would have been inevitable otherwise, has been arrested. Her blood reaction is now negative.

Laboratory Work.—The bacteriological work is all done in our own laboratory. Gonorrhoeal smears are taken directly on arrival and throughout treatment, and examined microscopically for the gonococcus. Secretion from all sores and abrasions, typical or atypical, are subjected to examination by dark ground illumination. The preparation of these specimens is all done by Mr. M'Geechan, the clinic orderly, and the diagnosis confirmed by the Clinical Medical Officer. Vaccines, used in intractable cases of gonorrhoea and as a test of cure, are prepared here by Mr. M'Geechan, and, considering the expense of buying such vaccines from the various firms, it is no exaggeration to say that the Public Health Authority have been saved a considerable sum.

Tests of Cure.—As far as possible, syphilitic patients are kept under observation and tested every three months as aforementioned for a period of two years after apparent cure, before a definite discharge is granted. The cerebro-spinal fluid is subjected to examination when permission is granted. Gonorrhoeal patients clear up in three to four months, and are kept under observation for four to five months. During the latter period of treatment they are subjected to various tests of apparent cure.

Instruction.—Local medical students are allowed to attend the clinic, by the courtesy of the Medical Officer of Health, Paisley, and they take good advantage of learning at first hand some of the commonest diseases they will meet with in future practice, both in the early stages and in many of the far-reaching effects.

H. C. DONALD, M.B., F.R.C.S.,
Clinical Medical Officer.

HOUSING OF THE WORKING CLASSES.

Distinct progress has been made with the various Corporation Housing Schemes. At the present time, the position may be summed up as follows:—

938 houses have been built or are presently in course of erection, while plans are being prepared to build other 849 houses at Craigielea and Lochfield Road, giving a total of 1,787 houses. The Census of 1921 showed that 1,441 houses were required to deal with over-crowding; according to the Registrar-General's latest estimates, 83 houses per annum are required to meet the natural increase of population; so that by 1931, *i.e.*, in five year's time, a total of 2,271 houses should have been built to meet the requirements in Paisley. That figure of 2,271 may be regarded as a minimum estimate, as it does not include any allowance for houses which are, or which may become unfit for habitation. Obviously, therefore, the rate of building which has obtained in the past few years will have to be distinctly "speeded up" during the next five years, and a settled national policy to ensure continuity of building operations locally is absolutely essential. The housing problem is far too important to remain simply a plank in the programme of the various political parties.

The Local Authority is to be congratulated on its latest choice of sites for large housing schemes; the sites at Craigielea and at Lochfield Road, especially the latter, are excellent from a health point of view. The day is past for building up any vacant ground in the centre of industrial towns, and a policy of scattering the people over the outlying districts is the only one which should be adopted by a progressive Local Authority.

Mr. Kelso, Executive Officer under the Housing Acts, reports that during 1925, 489 houses were inspected, of which 206 were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation; repairs were carried out in 79 with good effect. 27 notices were served regarding houses which were not reasonably fit for human habitation, and the necessary repairs were duly executed.

BLIND PERSONS ACT, 1920.

A Joint Committee, representing all the Local Authorities in the West of Scotland, administers this Act, Paisley being represented by the Convener of the Public Health Committee. There are fully 90 blind persons in Paisley.

Suitable cases are sent for training to the Royal Glasgow Asylum or to the similar Institution in Edinburgh; while there, the Renfrewshire Education Authority is responsible for the cost of their technical training, while the Local Authority bears the cost of their maintenance. A home for aged blind men has also been opened at Clynder.

MEAT INSPECTION—PUBLIC SLAUGHTERHOUSE.

Under the competent management of Mr. Hugh Cameron, the Superintendent, excellent work continues to be carried through at the Burgh Slaughterhouse; Mr. Cameron is also the official Meat Inspector of the Local Authority.

I subjoin the usual table summarising the work for 1925.

Class of Animal.	Total Slaughtered.	Carcases Totally Condemned.	Carcases Partially Condemned.	Carcases in which Organs only were Condemned.
Cattle. -	8,310	89	125	830
Calves, -	2,786	33	0	5
Sheep, -	12,684	6	1	210
Swine, -	3,404	4	3	140
Totals, -	27,184	132	128	1,185

Of the 1,446 animals, 1,248 were affected with tuberculosis, of which 87 were totally condemned and 123 partially condemned. The weight of meat condemned during the year amounted to 26 tons 10 cwt.

DAIRIES, COWSHEDS, AND MILKSHOPS.

Mr. Kelso, Chief Sanitary Inspector, is the Executive Officer under the various Acts.

There are within the Burgh 95 registered milk dealers, of whom 26 keep cows—the average number being 479; while 69 derive their supplies wholly from farmers and dealers in the county. About a third of the daily consumpt is pasteurised and bottled at the Co-operative Creamery in Lady Lane. New Bye-laws under the Milk and Dairies (Scotland) Act, 1914, have been submitted to the Scottish Board of Health for approval. These Bye-laws, if approved, together with the provisions of the new Act and the relative Regulations, will certainly ensure a much cleaner milk supply.

Under the Milk (Special Designations) Order (Scotland), 1923, 3 new licences for the sale of certified milk were granted, and about 16 gallons of this ideal milk are now being retailed daily through the town, apart from the supply for the patients in the three municipal hospitals.

By the courtesy of Mr. Kelso, I reproduce below a report submitted by him to the Local Authority, giving the results of a most interesting investigation into the milk supply. The report is a most important one and deserves to be widely read. A copy was sent to each of the producing dairy-keepers in the Burgh, together with a note indicating how their own results compared with the others.

"At the end of June I submitted an interim report regarding the special examination of all the milk produced within the Burgh, and was then authorised to make a similar examination of the milk brought into the Burgh from outlying districts. I now submit the following report of the result of these examinations, and also give the figures for last year, as they present a very interesting comparison:

SAMPLES OF ORDINARY UNTREATED DAIRY MILK.	BACTERIOLOGICAL EXAMINATION.			CHEMICAL ANALYSIS.		
	No. of Samples containing Tubercle Bacilli.	Bacterial Content per c.c.	Coliform Bacilli per $\frac{1}{10}$ c.c.	Milk Fat. per cent.	Non-Fatty Solids. per cent.	Total Solids. per cent.
GROUP I.—YEAR 1924.						
Highest, ...	Not examined for Tubercle.	849,750	Present in all.	4·80	9·24	13·69
Lowest, ...		11,300		3·15	8·50	11·65
Average, ...		206,569		3·63	8·93	12·56
GROUP II.—YEAR 1925.						
Milk produced within the Burgh.						
Highest, ...	1 sample in 27.	41,900	Present in 9, absent in 18.	4·70	9·45	14·10
Lowest, ...		850		3·52	8·61	12·37
Average, ...		8,752		4·18	8·88	13·06
GROUP III.—YEAR 1925.						
Milk brought into the Burgh from outlying Districts.						
Highest, ...	1 sample in 27.	1,975,000	Present in 19, absent in 8.	4·58	9·02	13·60
Lowest, ...		7,750		3·07	8·45	11·56
Average, ...		475,715		3·64	8·70	12·34

Group I. Samples.—The samples dealt with throughout last year were not examined for tubercle bacilli. As most of the dairies in which the samples were purchased also sold milk bought in from outside districts, it was impossible to determine whether the milk examined was that from outside districts or the produce from the cows of the dairies at which the milk was purchased. The dirt content, as represented by the bacterial count, and presence of coliform bacilli was so pronounced as to lead to a Sub-Committee being appointed to visit all the dairies in the Burgh along with me, and to the second group of examinations being authorised to be made to ascertain the condition of the milk actually being produced within the Burgh.

Group II. Samples.—These samples were obtained after ascertaining the time of the afternoon milking at each dairy. Two qualified inspectors went to each of the dairies during the months of April, May, and June. One of them waited in the byre and saw each cow milked, and the milk at once taken to the milk-house. This was done as near as possible under the conditions regarding cleanliness which will require to be observed under the Milk and Dairies Act now in operation, and the Bye-laws to be made thereunder. The other inspector, after seeing that the milk was thoroughly mixed, placed a sample of about half a pint of each cow's milk in a dish specially provided and prepared for the purpose, and in this way at the end of the milking a reliable sample of the mixed milk of all the cows in each byre was secured. At each dairy one sample of the mixed milk of all the cows was taken for examination for tubercle bacilli, and another sample for dirt as represented by bacterial content and coliform bacilli, and chemical analysis for quality. The samples were bottled in sterilised bottles and sealed on the premises, and the bottles containing the latter samples were kept cool overnight in ice, till delivered for examination next morning.

Group III. Samples.—Having completed the foregoing examination, the third group was entered upon in the month of July to ascertain the condition of the milk brought into the Burgh from outlying districts. These samples were procured by the same inspectors as in the previous group while the milk was in course of being delivered to various retail dairies in the town, and treated in the same way as the previous ones.

Summary and Conclusions.—As already stated, the samples in the first group were not examined for tubercle bacilli, but the highest bacterial content in the given standard measured quantity was 849,750; the lowest, 11,300; the average, 206,569: and coliform bacilli was present in all the samples.

In the second group, 1 sample in 27 contained tubercle bacilli, but the highest bacterial content fell to 41,900; the lowest, 850: the average, 8,752; while coliform bacilli was present in 9 samples, and absent in 18. On receiving the report regarding the sample containing tubercle, the dairy premises were again visited, and all the cows examined by the Veterinary Inspector, but no symptoms of tuberculosis were found. Between times, 5 of the cows had been sold through one of the cattle markets in town. It was ascertained that they had been sold to cattle dealers and gone out of Paisley, but I failed to trace their destination.

Samples of the milk of the cows remaining were taken and again examined for tubercle, and reported normal, no tubercle being found, so that it must have been one or more of the cows that were sold that was giving the infected milk.

In the third group—that of the milk brought into the Burgh from outlying districts—1 sample in 27 contained tubercle. The bacterial content was as high as 1,975,000; the lowest, 7,750; the average, 475,715; while coliform bacilli was present in 19 samples, and absent in 8. Intimation regarding the tubercular sample was at once given to the Medical Officer of Health of the County in which the dairy was situated, who had the cows examined, and one was found with a tubercular udder. It was isolated, the milk discontinued, and the cow subsequently slaughtered. The milk of the remaining cows was again sampled and examined, and reported normal, no tubercle being found.

The outstanding feature of these examinations is undoubtedly the lower number of bacteria, greater purity, and higher quality of the milk produced within the Burgh (Group II.) as compared with that of the first and third groups. It should be noted, of course, that the samples of the milk in Group II. were taken immediately as it came from the cow on the premises of production. This appears to show conclusively that if only reasonable care was taken as regards the cleanliness of the cows, milkers, and utensils, and the milk immediately cooled and bottled where it was produced, milk from most herds would be quite up to the standard of Certified Milk as regards purity and quality.

Further, the figures in Groups I. and III. emphasise the great and constant danger underlying the custom which is still all too prevalent of people demanding 'warm milk' as it comes from the cow, for these figures once again demonstrate the alarming rapidity with which germs of tuberculosis and other infectious diseases, and of dirt, multiply in 'warm milk,' as compared with milk that has been cooled and kept cool. Cooling does not affect the natural quality of the milk in any way, but it does enormously improve its keeping quality. Therefore the danger and folly of continuing to demand 'warm milk,' especially for the use of children, cannot be too strongly impressed upon mothers and the milk consuming public."

SEWAGE PURIFICATION AND REFUSE DISPOSAL.

The experimental plant which was installed to determine the efficacy of the Activated Sludge System for dealing with the town sewage has given excellent results, and a special Committee has been appointed to proceed further with the whole question of purification.

The new Refuse Destructor, installed in 1923, dealt with 19,718 tons during 1925, in two eight-hour shifts, the daily average being 64 tons. The revenue from residual products amounted to £671 14s. 9d., compared to £569 12s. in 1924 and £463 11s. 3d. in 1923. The electricity generated was equal to a consumpt of £305 12s. 6d.

FACTORIES AND WORKSHOPS.

Excluding bake-houses, there are 162 workshops on the register, and 253 inspections were made of those most requiring attention. 6 notices were received from H.M. Inspector of Factories regarding change of address or new workshops, 3 regarding workshops not in a cleanly state, and 1 regarding sanitary conveniences to be provided, all of which received attention. Water-closets were installed in 2 workshops to replace old insanitary closets.

In terms of the Home Work Order, 18 lists of outworkers were received—9 in February, relating to 84 outworkers, and 9 in August, relating to 73 outworkers—148 of whom were employed within the Burgh and 9 outwith. 4 lists regarding outworkers were sent to other authorities, and 2 were received. The conditions under which the work was being done were quite satisfactory.

There are 54 bake-houses in the town, none of which are underground; 5 notices—referring to the necessity for lime-washing—were received from H.M. Inspector of Factories, and received immediate attention.

PART II.

STATISTICAL TABLES AND RETURNS,

PART II.

STATISTICAL TABLES AND RETURNS.

A.—MATERNITY AND CHILD WELFARE SCHEME.

BIRTH STATISTICS.

	1925.
Total number of Births (corrected), ...	1,964
Number of Illegitimate Births, ...	87
,, Births in 1-roomed houses, ...	542
,, Births in 2-roomed houses, ...	627
,, Births in 1-roomed houses where the parents were lodgers, ...	22
,, Births in 2-roomed houses where the parents were lodgers, ...	128
,, Births in Barshaw Hospital, ...	346
,, Births in Other Institutions, ...	43
,, Births in Caravans, ...	2
,, Infants "breast-fed" at first visit, ...	1,337
,, Infants "bottle-fed" at first visit, ...	295

CAUSES OF STILL-BIRTHS DURING 1925.

TOTAL, 83.

Contracted Pelvis and Instrumental Delivery, ...	9
Prematurity, ...	24
Previous history of Still-birth (probably syphilitic), ...	4
Placenta Prævia, ...	3
Eclampsia and Albuminuria,	4
Breech Presentation, ...	3
Transverse Presentation, ...	2
Cord Presentation, ...	1
Maternal Shock before Birth,	5
Maternal Strain during Pregnancy, ...	1
Ante Partum Hæmorrhage, ...	1
Accidental Hæmorrhage, ...	2
Rupture of Uterus, ...	1
Unknown Causes, ...	23

STATISTICS RELATING TO ANTE-NATAL CLINIC.

	1925
Number of Sessions, ...	105
Number of expectant mothers attending, ...	425
Total Attendances, ...	1,626
Average attendance per session, ...	15·48

Sources from which Cases were drawn:—

1. Recommended by midwives, ...	11
2. Referred from doctors, ...	3
3. Unrecommended, ...	411

Classification of Ailments:—

Minor ailments of Pregnancy, ...	313
Albuminuria, ...	19
Venereal Diseases, ...	2
Hyperemesis Gravidarum, ...	3
Cardiac Disease, ...	5
Pulmonary Tuberculosis, ...	8
Still-Births and Miscarriages, ...	7
Ante-partum Hæmorrhage, ...	8
Gynæcological conditions, ...	11
Contracted Pelvis, ...	22
Pyelitis, ...	14
Exophthalmic Goitre, ...	2
Anæmia and General Debility, ...	10
Accidental Hæmorrhage, ...	1

90 patients were referred from the Clinic to Barshaw Hospital.

BRIDGE STREET CLINIC FOR MOTHERS AND CHILDREN.

	1925.
Number of sessions,	206
,, new patients attending,	863
,, old patients re-attending,	982
Total attendances,	10,238
Average attendance per session,	49·69
Number of infants under 1 year attending,	628
,, children, 1–5 years, attending,	785
,, illegitimate children attending,	27

Methods of feeding of infants during first nine months—

1. Breast,	319
2. Bottle,	102
3. Breast and bottle,	77

Children attending once only,	71
Children referred to Hospitals,	141
Number of nursing mothers attending,	392
Total attendances of nursing mothers,	1,947

Classification of Cases according to Disease.

A—*Children*—

Healthy,	174	Dental Caries,	49
Digestive disorders,	161	Eye affections,	10
Respiratory disorders,	184	Ear affections,	26
Skin affections,	73	Congenital Syphilis,	3
Rickets,	119	Marasmus,	55
General debility,	160	Prematurity and Underweight,	138
Tuberculosis,	18		
Surgical conditions,	201	Mongolian Idiocy,	2
Vermes,	44		

B—*Nursing Mothers*—

Agalactia,	131
Gynæcological conditions,	3
Debility and minor ailments,	253
Tuberculosis and Pre-Tuberculous Diathesis,	5

GREAT HAMILTON STREET CLINIC FOR MOTHERS AND CHILDREN.

	1925.
Number of sessions, ...	51
,, new patients attending, ...	138
,, old patients re-attending, ...	207
Total attendances, ...	3,107
Average attendance per session, ...	60·92
Number of infants under 1 year attending, ...	164
,, children, 1–5 years, attending, ...	158
,, illegitimate children attending, ...	3

Methods of feeding of infants during first nine months—

1. Breast, ...	89
2. Bottle, ...	18
3. Breast and bottle, ...	22

Children attending once only, ...	49
Children referred to Hospitals, ...	20
Number of nursing mothers attending, ...	127
Total attendances of nursing mothers, ...	900
Number of expectant mothers attending, ...	36
Total attendances of expectant mothers, ...	135

Classification of Cases according to Disease.

A—*Children*—

Healthy, ...	55	Vermes, ...	11
Digestive disorders, ...	53	Dental Caries, ...	14
Respiratory disorders, ...	47	Eye affections, ...	4
Skin affections, ...	13	Ear affections, ...	9
Rickets, ...	16	Congenital Syphilis, ...	2
General debility, ...	20	Marasmus, ...	5
Tuberculosis, ...	1	Prematurity and Underweight, ...	59
Surgical conditions, ...	10		

B—*Nursing Mothers*—

Agalactia, ...	69
Debility and minor ailments, ...	58

GEORGE STREET CLINIC FOR MOTHERS AND CHILDREN.

	1925.
Number of sessions, ...	50
,, new patients attending, ...	383
,, old patients re-attending, ...	290
Total attendances, ...	3,320
Average attendance per session, ...	66·40
Number of infants under 1 year attending, ...	216
,, children, 1–5 years, attending, ...	207
,, illegitimate children attending, ...	4

Methods of feeding of infants during first nine months—

1. Breast, ...	122
2. Bottle, ...	26
3. Breast and bottle, ...	31

Children attending once only, ...	33
Children referred to Hospitals, ...	40
Number of nursing mothers attending, ...	145
Total attendances of nursing mothers, ...	822
Number of expectant mothers attending, ...	25
Total attendances of expectant mothers, ...	79

CLASSIFICATION OF CASES ACCORDING TO DISEASE.

A—*Children*—

Healthy, ...	71	Vermes, ...	8
Digestive disorders, ...	67	Dental Caries, ...	10
Respiratory disorders, ...	64	Eye affections, ...	3
Skin affections, ...	25	Ear affections, ...	2
Rickets, ...	36	Marasmus, ...	5
General debility, ...	51	Prematurity and Under-weight, ...	46
Tuberculosis, ...	5	Mental Deficiency, ...	2
Surgical conditions, ...	28		

B—*Nursing Mothers*—

Agalactia, ...	59
Debility and minor ailments, ...	86

MOSSVALE CLINIC FOR MOTHERS AND CHILDREN.

	1925.
Number of sessions, ...	49
,, new patients attending, ...	139
,, old patients re-attending, ...	128
Total attendances, ...	2,073
Average attendance per session, ...	42·30
Number of infants under 1 year attending, ...	116
,, children, 1-5 years, attending, ...	129
,, illegitimate children attending, ...	8

Methods of feeding of infants during first nine months—

1. Breast, ...	69
2. Bottle, ...	16
3. Breast and bottle, ...	16

Children attending once only, ...	37
Children referred to Hospitals, ...	23
Number of nursing mothers attending, ...	85
Total attendances of nursing mothers, ...	589
Number of expectant mothers attending, ...	20
Total attendances of expectant mothers, ...	84

Classification of Cases according to Disease.

A—*Children*—

Healthy, ...	48	Vermes, ...	8
Digestive disorders, ...	31	Dental Caries, ...	10
Respiratory disorders, ...	42	Eye affections, ...	2
Skin affections, ...	14	Ear affections, ...	2
Rickets, ...	12	Marasmus, ...	8
General debility, ...	23	Prematurity and Underweight, ...	31
Tuberculosis, ...	2		
Surgical conditions, ...	12		

B—*Nursing Mothers*—

Agalactia, ...	37
Debility and minor ailments, ...	48

SUMMARY OF WORK AT DENTAL CLINIC.

	1920.	*1921.*	*1922.*	*1923.*	*1924.*	*1925.*
Number of Sessions, ...	33	93	98	98	102	91
Total attendances, ...	280	687	857	1,059	1,159	1,100
Average attendance per session, ...	8·4	7·3	8·7	10·8	11·3	12·0
Extractions, ...	125	336	256	371	491	493
Dressings, fillings, etc.,	183	429	510	632	661	565
Examinations, ...	18	61	193	198	189	226
Number of new patients attending,... ...	—	164	165	248	252	233

LOCAL SUPERVISING AUTHORITY, MIDWIVES (SCOTLAND) ACT.

EXTRACT FROM THE REPORT BY THE MEDICAL OFFICER FOR THE YEAR 1925.

General Report on the Working of the Act.

Total number of Midwives on Roll, ...	38
Number of Midwives holding C.M.B. Certificate,	14

Dr. Pringle, Assistant Medical Officer, paid 75 domiciliary visits to midwives throughout the year, and reports that, in the great majority of cases, registers, bags, etc., were in satisfactory order. One midwife was censured for a minor offence; it was not considered necessary to report any case to the Board.

Notifications of Ophthalmia Neonatorum numbered 44, a decrease of 17 over the figures for 1924; of these, 39 occurred in the practice of midwives. The great majority of these notifications proved on investigation to be merely slight cases of transient inflammation, only 6 of the more serious ones being confirmed by bacteriological examination. The more serious cases were, as usual, referred at once to the Eye Infirmary.

Co-operation between the midwives and the Public Health Department continues on satisfactory lines.

Births in Area.

Total number of births during 1925,	1,964
Total number of deaths of new-born children (within 10 days) during 1925,	58
Actual number of births attended by midwives during 1925,	889
Actual number of deaths of new-born children (within 10 days) occurring in the practice of midwives during 1925,	12
Actual number of cases not attended by a doctor or midwife during 1925—	
Births,	0
Deaths,	0

Cases of Ophthalmia Neonatorum.

Total number of cases during 1925,	44
Actual number of cases occurring in the practice of midwives during 1925,	39
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1925,	0

Cases of Puerperal Sepsis.

Total number of cases during 1925,	5
Total number of deaths during 1925,	3
Actual number of cases occurring in the practice of midwives during 1925,	2
Actual number of deaths occurring in the practice of midwives during 1925,	1
Actual number of cases occurring where confinement not attended by a doctor or midwife during 1925—	
Cases,	0
Deaths,	0

Cases of Still-Birth.

Total number of cases during 1925,	83
Actual number of cases occurring in the practice of midwives during 1925,	13

Cases of Emergency.

Number of cases in which medical pracititioners were called in under Section 22 of the Act,	113

BARSHAW MATERNITY AND CHILD WELFARE HOSPITAL.

REPORT FOR YEAR ENDING 31st DECEMBER, 1925.

MATERNITY WARDS.

In hospital at 1st January, 1925, ...		21
Ante-natal, ...	3	
Maternity, ...	10	
Infants, ...	8	
Number of admissions in 1925, ...		457
Ante-natal, ...	168	
In labour, ...	246	
Post-natal, ...	1	
Abortions, ...	42	
Recommended by—		
Ante-natal Clinic, ...	262	
Doctors, ...	192	
Others, ...	3	
Resident in districts outside the Burgh, ...		37
In hospital at 31st December, 1925, ...		38
Ante-natal, ...	5	
Maternity, ...	16	
Abortion, ...	1	
Infants, ...	16	

Average daily number in residence—

January, ...	12·0	13·66
February, ...	14·0	
March, ...	15·0	
April, ...	16·7	17·56
May, ...	18·0	
June, ...	18·0	
July, ...	22·87	20·19
August, ...	17·34	
September, ...	20·2	
October, ...	19·2	20·18
November, ...	19·35	
December, ...	22·0	

Number of ante-natal cases treated, ... 168

No.	Condition Found.	Result.
2	Accidental hæmorrhage.	Discharged well.
1	,,	Premature labour: still-birth.
1	,,	Internal version: mother died shock.
3	Albuminuria.	Discharged well.
4	,,	Normal delivery and normal puerperium.
2	,,	Premature labour: still-birth.
2	Albuminuria with pre-eclamptic symptoms.	Forceps delivery: normal puerperium.
1	,,	Premature labour: developed puerperal mania.
1	Albuminuria in twin pregnancy.	Normal delivery and puerperium.
3	Anæmia.	Discharged improved.
3	,,	Normal delivery and normal puerperium.
2	Bronchitis.	Discharged improved.
1	,, and asthma.	Normal delivery and normal puerperium.
3	Contracted pelvis.	Normal delivery.
4	,,	Forceps delivery.
7	,,	Cæserean section.
1	,,	For examination, see section later.
1	,,	Premature labour: normal delivery.
1	Cystitis.	Discharged improved.
1	,,	Normal delivery and puerperium.
1	,,	Forceps delivery: alive. Wass. —ve. (Previous confinement Wass. +ve. still-birth.)
11	Debility.	Normal delivery and puerperium.
8	,,	Discharged well before confinement.
2	,, and varicose veins.	Discharged improved.
1	,, previous labour complicated.	Normal delivery.
1	,, and excessive sickness.	Normal delivery.
1	,, and muscular rheumatism.	Normal delivery.
2	,, and varicose veins.	Normal delivery and puerperium.
1	,, and otitis media.	Discharged well.
1	,, with mental depression.	Refused to stay in hospital.
1	,, and facial paralysis.	Collapsed during labour: good recovery after.
1	,,	Premature labour: normal puerperium.
1	Ectopic pregnancy.	Proved to be normal pregnancy of 6 months' duration.
1	Epilepsy.	Discharged improved.
1	Epilepsy and contracted pelvis.	Forceps delivery: normal puerperium.
1	Eclampsia.	Spontaneous delivery: rapid recovery after.
8	False labour.	Normal delivery.
8	,,	Discharged until labour began.
1	Fibroid tumour complicating pregnancy.	Forceps delivery: normal puerperium.
2	Full term pregnancy (admitted on account of distance).	Normal delivery.

Ante-natal cases—contd.

No.	Condition Found.	Result.
7	Hyperemesis.	Discharged well.
1	,,	Abortion induced; good recovery.
1	Hydramnios and marginal placenta prævia.	Anencephalic monster: normal puerperium.
1	Sencorrhœa.	Discharged well.
2	,,	Normal delivery and normal puerperium.
1	Malpresentation (transverse).	External version to vertex: patient left of own accord before confinement.
1	Malpresentation (breech).	Still-birth.
2	,,	Manual delivery: alive.
1	Multiple pregnancy.	Delivery and puerperium normal.
1	Nephritis and cerebral hæmorrhage.	Premature delivery: mother died.
2	Oedema.	Normal delivery and puerperium.
8	Pyelitis.	Discharged well.
8	,,	Discharged improved.
6	,,	Normal delivery and puerperium.
2	,,	Premature labour.
3	,,	Normal delivery: rise of temp. in puerperium.
1	Pernicious vomiting.	Premature labour: normal puerperium.
1	,,	Cæsarean section: child still-born: good recovery.
1	Prolapsed and ulcerated cervix.	Discharged well.
1	Pulmonary tuberculosis.	Left own accord.
7	Threatened premature labour.	Discharged well.
1	Toxæmia of pregnancy.	Normal delivery: child alive: toxic puerperium normal.
1	,,	Spontaneous delivery: mother died.
2	Varicose veins.	Discharged improved.
3	,,	Normal delivery and puerperium.
1	,,	Normal delivery: developed acute mastitis.
2	V.D. Heart.	Discharged improved.
1	,, ,,	Forceps delivery: normal puerperium.
1	,,	Normal delivery and puerperium.

Number of abortions treated, ... 42

1	Threatened		Discharged well.
5	Inevitable.	Ovum expelled complete.	Discharged well.
7	.,	Curettage.	Discharged well.
28	Incomplete.	Curettage.	Discharged well.
1	.,	Found to be septic on admission. Uterus expected. Discharged well.	Transferred to Isolation Hospital. Recovered.

Complicated or abnormal deliveries, ... 86

N.P.=normal puerperium.

No.	Condition Found.	Result.
2	Accidental hæmorrhage.	Premature labour: child alive. N.P.
1	,,	Premature labour: still-birth: placentie partly adherent. Temp. 99·6 third day.
1	,,	Premature labour: still-birth: mother died from shock.
1	Albuminuria with pre-eclamptic symptoms.	Forceps delivery: child alive. N.P.
1	,,	Premature labour: macerated fœtus. Temp. 100—100·4 5th day. Breasts engorged.
1	,,	Premature labour: macerated fœtus: transferred to mental hospital.
1	,,	Premature labour: still-born twins: transferred to mental hospital.
1	Albuminuria.	Premature labour: macerated fœtus. N.P.
1	Albuminuria—breech presentation.	Manual delivery: still-birth. N.P.
11	Contracted pelvis.	Cæsarean section: all made excellent recoveries.
23	,,	Forceps delivery: live births. N.P.
1	,,	Forceps delivery: child alive: some mental disturbance during puerperium.
1	,,	Forceps delivery: child alive: albuminuria. Temp. 6th and 7th days. Breasts engorged.
1	Contracted pelvis, admitted, failed forceps.	Forceps delivery: child alive. N.P.
2	Contracted pelvis.	Forceps delivery: still-births. N.P.
1	Contracted pelvis. breech presenting.	After coming, head perforated. N.P.
1	Contracted pelvis. epileptic.	Forceps delivery: child alive: epileptic fit 5th day: otherwise normal.
1	Contracted pelvis, admitted too late for section.	Craniotomy. N.P.
1	Contracted pelvis. failed forceps.	Craniotomy. N.P.
1	Contracted pelvis, failed forceps (First attempt at delivery 30 hours before admission).	Craniotomy: died 36 hours after delivery of acute septicæmia.
1	Chronic nephritis and cerebral hæmorrhage.	Premature labour: mother died.
1	Eclampsia.	Premature still-birth: died.
1	Hydrocephalus (slight degree).	Forceps delivery: child alive. N.P.
1	Hernia uteri.	Cæsarean section and hysterectomy: child alive. N.P.
	Malpresentations—	
5	Breech.	Manual delivery: child alive. N.P.
3	,,	Manual delivery: still-birth. N.P.

Complicated or Abnormal Deliveries—contd.

No.	Condition Found.	Result.
2	Transverse.	Internal version: child alive. N.P.
1	,,	Premature vagina packed: spontaneous version: still-birth. Temp. 99·6 3rd and 4th days.
1	Occipito-posterior.	Forceps delivery after rotation: child alive. N.P.
1	Inversion of uterus (partial) adherent placenta.	Normal puerperium.
1	Prolapsed cord.	Child alive: required resuscitation. N.P.
1	Placenta prævia.	Internal version: still-birth: anencephalic monster. N.P.
1	,,	Vagina packed: version: still-birth. Temp. 2nd day.
1	Rigid cervix, elderly primipæa.	Forceps delivery: still-birth. N.P.
1	,,	Forceps delivery: puerperium disturbed: still-birth.
1	Toxæmia of pregnancy, pernicious vomiting.	Cæsarean section: still-birth. N.P.
1	Toxæmia and facial paralysis.	Collapsed during labour. N.P.
1	Toxæmia, breech presentation.	Manual delivery: child alive. Temp. 99-99·8 3rd day.
1	Toxæmia of pregnancy.	Normal delivery: child alive, but toxic. N.P.
1	,,	Premature labour: still-birth. Temp. 100-100·4 2nd day.
1	,,	Died 24 hours after delivery: child died.
1	Twin pregnancy.	Collapsed during labour. N.P.
1	,,	1st, forceps delivery: 2nd, transverse internal version. N.P.
1	V.D. Heart.	Forceps delivery: child alive. N.P.
1	,,	Breech presentation: manual delivery: child alive. N.P.

Cases of puerperal morbidity classified, ... 25

Normal delivery.	1. Toxæmia of pregnancy.	Mother died 20 hours after delivery: child died.
	2. ,, ,,	Temp. 100-100·4 2nd day: normal after.
	3. Mental disturbance.	Discharged on request: afterwards removed to mental observation wards.
	4. Patient extremely debilited: developed acute mastitis.	Recovered.
	5. Albuminuria.	Temp. 101·6 evening 2nd day: 100·8 6th day.
	6. Bruising of vagina.	Temp. 101·8 2nd day: normal on 6th day.
	7. Ruptured perineum: complained of joint pains on 8th day.	Temp. 103 8th day: normal next day.
	8. Pyelitis.	Temp. 99·6 2nd day: 101·6 6th day: normal after.
	9. Patient delivered 2nd day of lobar pneumonia.	Died on 12th day.
Instrumental delivery.	1. Elderly primipera with rigidity of soft parts: ruptured perineum.	Temp. 99 3rd day: 100·4-100·6 7th and 8th days.
	2. Persistent albuminuria: engorged breasts.	Temp. 100-100·2 6th and 7th days.
Premature labours.	1. Placenta prævia: vagina packed, and internal inversion.	Temp. 101-102 2nd day.
	2. Accidental hæmorrhage: vagina packed: macerated fœtus.	Temp. 100·4 1st day: 99·4 3rd day.
	3. Breech premature, P.P.H. breasts engorged.	Temp. 101·8 2nd day: 100·8 5th day.
	4. Eclampsia S. B.	Died 2nd day.
	5. Chronic nephritis: cerebral hæmorrhage.	Died 28 hours after delivery.
	6. Cæsarean section on account of pernicious vomiting. S.B.	Temp. 100·2 2nd day: normal after.
	7. 5/12 abortion: active pulmonary tuberculosis.	Transferred to sanatorium.
	8. 3/12 abortion: septic on admission.	Transferred to isolation hospital: recovered.
	9. Abortion induced on account of hyperemesis.	Temp. 100·2 2nd day: normal after.
Contracted pelvis.	1. Admitted failed forceps: craniotomy.	Died 36 hours after delivery.
	2. Cæsarean section.	Temp. 100 on three occasions between 2nd and 10th days: normal after.
	3. ,, ,,	Temp. 100·8 2nd day: 100 3rd day.
	4. ,, ,,	Temp. 101·1 2nd day: 100·6 4th day.
	5. ,, ,,	Temp. 100·1 2nd day.

Total number of deliveries,		333
Full term,	285	
Premature,	48	
Twin Pregnancies,	5	
Number of normal deliveries,		247
Number of normal deliveries without medical assistance at delivery,		134

Note.—All instrumental deliveries are included under abnormal deliveries.

Number of normal deliveries with medical assistance at delivery,		113

Conditions requiring medical attendance at normal deliveries:

Anæsthesia in second stage,	15
Adherent placenta,	5
Adherent membranes,	7
Baby required resuscitation,	6
Breech presentations,	2
Congenital malformations,	1
Episiotomy,	1
Post-partem hæmorrhage,	13
Premature birth,	9
Still-births,	3
Ruptured perineum (all tears, however small, are stitched),	45
Twin pregnancies,	3
Vaginal lacerations,	3

Post-natal admission,	1

No.	Condition Found.	Result.
1	Adherent placenta.	Removed manually: normal puerperium.

Number of cases of puerperal morbidity (B.M.A. Standard),	25

Note.—A further group of 59 cases showed *at least one rise of temperature above* 99° F. from the first day of the puerperium until discharge from hospital.

Number of cases of puerperal morbidity in which delivery was instrumental,	2
Number of cases of puerperal sepsis removed from hospital (abortion),	1

Maternal deaths, ...	6

No.	Cause.	Remarks.
1	Toxæmia of pregnancy.	Spontaneous delivery of premature child: became comatose, and died 20 hours after.
1	Puerperal septicæmia.	Admitted *after several attempts* at delivery by forceps: discharge from uterus foul: died of acute sepsis 36 hours after delivery.
1	Lobar pneumonia.	Admitted on 1st day of lobar pneumonia: spontaneous delivery 2nd day: died 12th day.
1	Chronic nephritis, cerebral hæmorrhage.	Hemiplegic on admission: spontaneous delivery: died 28 hours after.
1	Eclampsia.	Coma increased after delivery: died 2nd day of puerperium.
1	Accidental hæmorrhage.	Died from shock soon after delivery: exploratomy laparotomy done in general hospital 4 weeks before admission.

Number of infants born, ...		338
Live, ...	313	
Still, ...	25	
Number of cases of twins, ...		5
Live (6 infants), ...	3	
Still (2 infants), ...	2	
Number of infant deaths under 8 days old, ...		9
Causes of infant deaths—		
Premature birth, ...	8	
Convulsions, ...	1	

Receipts from patients, ...	£670 5 0

CHILDREN'S WARDS.

In hospital at 1st January, 1925,		18
Medical,	15	
Surgical,	3	
Number of admissions in 1925,		243
Medical,	78	
Surgical,	165	
Recommended by Infant Welfare Clinic,		187
Recommended by Doctors,		53
Transferred from Maternity Wards,		3
Resident in districts outside the Burgh,		7
In hospital at 31st December, 1925,		9
Medical,	7	
Surgical,	2	

Average daily number in residence—

January,	13·0	13·63
February,	14·0	
March,	13·9	
April,	14·5	11·14
May,	10·2	
June,	8·73	
July,	11·0	12·43
August,	12·8	
September,	13·5	
October,	13·0	11·73
November,	12·0	
December,	10·2	

Age periods of children admitted—

0—1,	36·21 %
1—2,	13·58 %
2—3,	9·46 %
3—4,	17·28 %
4—5,	23·45 %

Average period of residence—

Medical,	39·55 days
Surgical,	8·21 days

Medical cases admitted, ... 78

No.	Condition Found.	Result.
2	Abdominal tuberculosis.	Improved.
2	,,	Not improved.
2	,,	Removed against advice.
1	Acute miliary tuberculosis.	Died.
2	Broncho-pneumonia.	Well.
1	Bronchitis.	Well.
1	Congenital heart.	General condition improved.
4	Debility.	Well.
2	,,	Removed against advice.
4	Gastro-enteritis.	Well.
1	,,	Died.
1	Icterus-neonatorum.	Well.
1	Intertrigo.	Well.
1	Mucous colitis.	Well.
10	Marasmus.	Well.
5	,,	Improved.
7	,,	Not improved.
8	,,	Died.
1	,,	? Whooping-cough, transferred.
1	Mongol and Marasmus	Died.
2	Prematnrity.	Well.
2	,,	Improved.
1	,,	Died.
2	Pulmonary tuberculosis.	Improved.
1	,,	Not improved.
10	Rickets.	Improved.
1	,,	Removed against advice.
1	Strumous ophthalmia.	Well.
1	Tuberculous meningitis.	Died.

Number of surgical cases admitted, ... 165

Cases treated without operation or unfit for operation, ... 8

No.	Condition Found.	Result.
1	T.B. Hip.	Transferred to Sanatorium.
1	Fractured femur.	Transferred to Yorkhill for X-Ray examination.
1	Harelip and cleft palate.	Died.
1	Hypospadias.	Operation postponed until later.
2	Tonsils.	Unfit for operation.
2	Hernia.	Unfit for operation.

Medical cases requiring operation while in hospital, ...		4
Circumcisions, ...	3	
Hernia, ...	1	

Deaths in Surgical Wards, ... 1

No.	Condition Found.	Result.
1	Cleft palate and hare-lip.	Inoperable on account of general condition.

Total number of surgical operations, ...		306
Indoor, ...	159	
*Outdoor, ...	147	

* Outdoor includes all cases admitted morning of operation and discharged same day. All cases of tonsils and adenoids are "indoor cases."

Number of surgical consultations, ... 143

Nature of operations performed—

Cleft palate, ...	2
Hare-lip, ...	2
Hernia, ...	18
Hernia and hydrocele of cord, ...	1
Hernia and removal of appendix, ...	1
Umbilical hernia, ...	2
Abscess scraped, ...	9
Adenoids, ...	30
Circumcision, ...	90
Circumcision and hydrocele tapped, ...	1
Dermoid cyst, ...	1
Dilatation, ...	12
Fraenum of upper lip incised, ...	5
Ganglion of wrist excised, ...	1
Hydrocele tapped, ...	4
Naevus of scalp excised, ...	1
Tenotomy, ...	1
Tonsils and adenoids, ...	100
Plaster, etc., under anæsthetic, ...	25

Notes on Infectious Disease.

On two occasions cases developed suspicious signs of whooping-cough. One case was transferred to Isolation Hospital, and the other was taken home by parents.

B.—INFECTIOUS DISEASES.

Return of Cases of Infectious Disease, 1925.

DISEASE.	Number of Cases coming to the Knowledge of the Medical Officer of Health.									
		At Age—Years.								
	At all Ages. 1	Under 1. 2	1 and under 5. 3	5 and under 15. 4	15 and under 25. 5	25 and under 45. 6	45 and under 65. 7	65 and upwards. 8	Cases removed to Hospital. 9	Cases not removed to Hospital. 10
A.—Diseases specified in the Infectious Disease (Notification) Act, 1889.										
Typhoid Fever,	15	...	1	1	5	5	3	...	14	1
Scarlet Fever or Scarlatina,	305	2	93	187	13	8	2	...	276	29
Diphtheria & Membranous Croup,	88	7	29	39	8	4	1	...	86	2
Erysipelas,	42	...	1	3	5	10	20	3	15	27
Puerperal Fever,	7	...	...	...	1	6	...	...	4	3
B.—Diseases notifiable in terms of Regulations made under Section 78 of the Public Health (Scotland) Act, 1897.										
Ophthalmia Neonatorum,	44	44	...	...	...	...	...	...	...	44
Dysentery,	1	...	...	...	1	...	...	...	...	1
Acute Primary Pneumonia,	472	91	148	82	36	52	41	22	316	156
Acute Influenzal Pneumonia,	19	1	1	...	4	7	5	1	9	10
Pulmonary Tuberculosis,	117	2	8	9	30	55	13	...	49†	68
Non-Pulmonary Tuberculosis,	80	10	27	19	12	11	1	..	14†	66
Total of **A** and **B**	1190	157	308	340	115	158	86	26	783	407
C.—Diseases to which the Provisions of the Infectious Disease (Notification) Act have been extended by the Local Authority.										
Acute Pneumonia (not otherwise notifiable) since 20/9/22,	73	19	47	7	...	...	...	...	65	8
D.—Notified under Local Provisions, not under the Infectious Disease (Notification) Act, 1899.										
Measles,	18	...	3	14	1	...	...	...	1	17
Whooping-cough,	296	31	138	126	...	1	...	...	12	284
Chicken-pox,	379	10	74	295	...	...	...	...	...	379
Mumps,	334	5	41	288	...	...	...	...	...	334
Encephalitis Lethargica,	2	...	...	...	1	...	1	...	1	1

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† 12 cases notified in a previous year and removed to Hospital, for the first time during 1925.

TUBERCULOSIS—STATISTICAL RETURNS, 1925.

I.—Return of Cases of Tuberculosis notified during the Year ended 31st December, 1925.

	Number of Cases notified as Suffering from Tuberculosis.									Number of cases notified during year in which diagnosis of Tuberculosis has been confirmed by M.O.H. (or T.O.)
	Under 5 1	5 and under 10 2	10 and under 15 3	15 and under 25 4	25 and under 35 5	35 and under 45 6	45 and under 65 7	65 and upwards 8	TOTAL 9	10
PULMONARY—										
Male, ...	6	4	3	10	13	15	13	...	64	64
Female, ...	4	...	2	20	19	8	...	...	53	51
NON-PULMONARY—										
Male, ...	15	7	4	9	4	...	...	...	38	36
Female, ...	22	5	3	4	5	2	1	...	42	40

II.—Return of Number of Persons resident in the Area at 31st Dec., 1925, who were known to be suffering from Tuberculosis.

		Number of Known Cases.								
		Under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards	TOTAL
PULMONARY, ...	M.	18	22	20	55	72	46	20	1	254
	F.	18	19	26	55	65	48	20	...	251
NON-PULMONARY.										
1. Abdominal, ...	M.	28	12	6	2	...	...	...	...	48
	F.	18	9	5	3	...	1	...	...	36
2. Spine, ...	M.	8	3	...	...	...	...	...	...	11
	F.	5	...	2	2	2	...	...	...	11
3. Bones and Joints (exclusive of Spine), ...	M.	15	25	6	5	4	...	2	...	57
	F.	10	14	12	7	2	...	1	...	46
4. Superficial Glands, ...	M.	32	28	19	16	5	...	...	...	100
	F.	25	27	21	19	9	1	...	...	102
5. Lupus, ...	M.	...	...	1	...	...	...	...	...	1
	F.	...	2	1	2	1	...	...	1	7
6. Other Parts or Organs,	M.	13	6	3	5	4	2	2	...	35
	F.	13	4	1	8	4	2	...	...	32
TOTAL, ...		203	171	123	179	168	100	45	2	991

III.—Return showing the Number of Cases which received Treatment under the Tuberculosis Scheme in Sanatoria or other Institutions during the Year ended 31st December, 1925.

		Number of Patients.				
		In Institutions on January 1	Admitted during the year	Discharged during the year	Died in the Institutions	In Institutions on December 31
PULMONARY—						
Adults,	Males,...	24	39	30	13	20
	Females,	14	30	17	14	10
Children,	Males,...	2	3	3	...	4
	Females,	2	2	3	1	3
NON-PULMONARY—						
Adults,	Males,..	...	3	2	...	3
	Females,	...	1	...	...	1
Children,	Males,...	6	14	7	2	8
	Females,	5	6	3	1	6
TOTAL, ...		53	98	65	31	55

INFECTIOUS DISEASE—OTHER THAN TUBERCULOSIS.

SUMMARY.

	1925
Number of visits of enquiry, ...	4,763
Patients removed to Hospital, ...	735
Patients removed to Reception House, ...	...
Notices served under Section 50 (2), P.H.S.A., ...	1,361
Notices served under Section 53 (2), P.H.S.A., ...	1,361
Notices served to School Teachers, etc., ...	4,469
Houses, etc., Disinfected, ...	707
Sets of Clothing removed for Disinfection, ...	999
Articles of Clothing Disinfected, ...	7,246

TUBERCULOSIS.

SUMMARY.

	1925
Number of visits of inquiry, ...	2,353
Average number of cases under observation, ...	1,044
Houses, etc., disinfected, ...	134
Sets of Clothing removed for Disinfection or for Destruction,	73
Articles of Clothing ,, ,, ,, ,, ...	1,250

C.—VITAL STATISTICS.

STATISTICAL SUMMARY FOR 1925.

Estimated Population for 1925, ... 85,960

NUMBERS.	1925
Births (corrected for transcripts),	1,935
Do. Illegitimate (corrected for transcripts),	87
Marriages (uncorrected), ...	612
Deaths (uncorrected), ...	1,189
Do. (transferred out), ...	94
Do. (transferred in), ...	43
Do. (corrected)	1,138

RATES PER 1,000 OF ESTIMATED POPULATION.	1925
Birth Rate (corrected for transcript),	22·5
Illegitimate Birth Rate, ...	4·5
Marriage Rate (uncorrected), ...	7·1
Death Rate—	
(uncorrected), ...	13·8
(corrected for transfers), ...	13·2
(corrected for transfers and adjusted for age and sex distribution), ...	14·5
Phthisis (corrected), ...	1·02
All Tuberculosis (corrected).	1·34
Principal Epidemic Diseases,	0·73
Infantile Mortality Rate, ...	96

Causes of Death.	All Ages. Both Sexes.	All Ages. M.	All Ages. F.	Age. 1	1-	5-	10-	15-	25-	35-	45-	55-	65-	75-	85 & Over
Enteric Fever,	2	1	1	...	...	...	...	...	1	1	...	...	...	...	...
Typhus Fever,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small-pox,	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles,	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Scarlet Fever,	8	5	3	...	5	3	...	...	...	...	...	...	...	...	...
Whooping-Cough,	31	15	16	10	21	...	...	...	..	...	...	...	...	...	...
Diphtheria,	4	2	2	...	3	1	...	...	...	...	...	...	...	...	...
Influenza,	17	8	9	...	...	...	...	1	1	2	2	4	4	3	...
Encephalitis Lethargica,	2	1	1	...	...	...	...	...	...	...	2	...	...	...	...
Cerebro-spinal Meningitis,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Epidemic Diseases,	3	2	1	...	...	...	...	1	1	1	...	...	...	...	..
Tuberculosis of Respiratory System,	88	42	46	1	1	1	2	25	21	21	11	5	...	...	...
Tuberculous Meningitis,	8	5	3	4	3	...	...	1	...	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum,	7	4	3	1	2	1	1	2	...	...	...	...	...	...	...
Other Tuberculous Diseases,	12	6	6	1	3	...	1	3	2	..	2	...	...	...	...
Malignant Tumours,	103	48	55	...	...	...	...	1	2	4	16	35	38	6	1
Rheumatic Fever,	3	1	2	...	...	2	...	1	...	...	...	..	...	...	...
Meningitis (not Cer. Spin. or Tuberc.),	5	4	1	2	1	1	...	1	...	...	...	...	...	...	...
Apoplexy,	92	48	44	...	1	...	...	...	...	3	11	17	37	19	4
Heart Disease,	127	75	52	...	...	1	1	2	5	7	10	18	51	28	4
Diseases of Arteries,	14	10	4	...	...	...	...	...	...	...	3	3	7	...	1
Bronchitis,	75	33	42	15	3	...	..	...	...	2	3	14	15	21	2
Pneumonia (all forms),	117	70	47	40	25	1	4	2	3	5	6	10	14	5	2
Other Diseases of Respiratory System,	7	6	1	1	...	...	...	...	...	1	1	2	2	...	...
Diarrhœa and Enteritis (under 2 years),	18	8	10	17	1	...	...	...	...	...	...	...	...	...	...
Appendicitis,	10	4	6	...	1	...	2	2	1	...	1	3	...	...	...
All Liver Diseases (not Malignant),	9	2	7	...	...	...	...	...	2	...	3	2	1	1	...
Nephritis, Acute and Chronic,	42	23	19	...	1	..	1	...	2	2	8	16	10	2	...
Puerperal Sepsis,	3	...	3	...	...	...	...	...	2	1	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition,	9	...	9	...	...	...	...	1	3	4	1	...	...	...	...
Diseases of Early Infancy, and Malformations,	87	51	36	85	...	1	...	1	...	...	...	...	...	...	...
Suicide,	7	7	...	...	...	...	...	...	4	1	2	...	...	...	...
Other Violent Deaths,	32	24	8	3	3	...	3	2	3	2	4	6	4	2	...
Other Defined Diseases,	184	98	86	6	5	1	2	7	6	10	25	19	44	45	14
Diseases Ill-defined or Unknown,	12	7	5	...	1	...	...	...	..	1	...	1	5	3	1
All Causes,	1138	610	528	186	80	13	17	53	59	68	111	155	232	135	29